



## Tuition Contract/Payment Modification Request

Directions: Complete this form and submit along with a letter explaining why you are requesting a change to your tuition contract. If you are requesting payment restructuring, check the Financial payment request box and use the work sheet on page 2 to show the amounts. Check the Other contractual change box for all other requests. Sign/date this document and submit with a letter fully explaining your request(s).

Please mail to: Attn: Treasurer, DYHA c/o Dover Arena, 110 Portland Ave. Dover, NH 03820.

**Player:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **Tuition Year:** \_\_\_\_\_

If the above player changes teams, the tuition fees, payments and due dates may change

**Financial payment request**

**Other contractual change\*** please provide a detailed letter and appropriate documentation

By signing below, you verify that you understand and accept, as a legally binding contract, this executive board-approved payment schedule and that by failing with this commitment, your child may be removed from the team/team roster and that you understand and accept the fiscal responsibility to pay these fees on or before the due dates and that you understand that the payments on this form may be in addition to current-season payment obligations. This agreement is valid only after executive board approval.

This contractual document, when fully executed, replaces any pre-existing contractual document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian

Questions may be addressed to: [dyhatreasurer@doverhockey.org](mailto:dyhatreasurer@doverhockey.org)  
DYHA Board: Approved/Denied Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## Financial Worksheet

**Payments** (please include all past due tuition and indicate season):

Remaining Non-refundable deposit: +\$ \_\_\_\_\_

Remaining tuition payment: +\$ \_\_\_\_\_

Late fee/rebilling charges added: +\$ \_\_\_\_\_

Tuition Credit revoked/denied: - \$ \_\_\_\_\_

Total outstanding balance: =\$ \_\_\_\_\_

**Proposed Payment Schedule:**

New total outstanding balance: \$ \_\_\_\_\_

Number of months of payment: / \_\_\_\_\_

Payment Due at the end of month: \$ \_\_\_\_\_

Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_; Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

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