

**East Ridge Soccer Association
Payment Agreement**

Full Name: _____

Name as it is to appear on check if different: _____

Address: _____

City/State/Zip: _____

Address to mail check if different from above:

Telephone: _____

Cell phone: _____

E-mail: _____

Date of Birth: _____ (Month/Day/Year)

Social Security Number: _____

Emergency Contact Person: _____

Telephone Number of Contact: _____

I acknowledge that I am an independent contractor and not an employee of East Ridge Soccer Association (ERSA), and I acknowledge that ERSA will issue a form 1099 in the event that I am paid more than \$600.00 in one calendar year.

Dated: _____ Signature: _____

Printed Name: _____