



NEOASA
 PO Box 470472
 Tulsa, Oklahoma 74147-0472
 Phone: 918.622.8948 Fax: 918.622.0338

TEAM PERFORMANCE BOND RECEIPT

1. PAYER'S Full Legal Name: _____
 Address: _____
 Phone Number(s): _____ (home) _____ (work) _____ (other)
 Social Security No. _____
2. TEAM FOR WHICH PERFORMANCE BOND IS PAID: _____
3. AMOUNT OF PERFORMANCE BOND: _____
4. DATE PERFORMANCE BOND PAID: _____

The undersigned "Payer" hereby makes payment of the above-named Team's Performance Bond to NEOASA and acknowledges and accepts the following:

(1) that such payment shall serve as such Team's Performance Bond and as such will be subject to charges/deductions by NEOASA for any unsatisfied obligations of such Team to NEOASA as may be imposed under NEOASA's Constitution, Bylaws, Rules and Regulations and rulings by NEOASA's Executive Committee and/or Appeals Disciplinary Committee;

(2) that this payment, less any outstanding unsatisfied obligations of such Team to NEOASA (herein "**Refund**") shall be refundable to Payer only, provided:

- (a) that Payer submits a properly completed *Application for Refund of Team's Performance Bond* to NEOASA within ninety (90) days of such Team ceasing to be a member team of NEOASA; and,
- (b) that Payer, as a condition of such Refund, represents and warrants in such *Application for Refund of Team's Performance Bond* that Payer is the sole party entitled to such Refund and agrees to hold harmless and to indemnify NEOASA, its directors, officers, agents and employees from any liability, including, without limitation, attorney fees, which may arise by reason of any other party making any claim to such Refund.

 Signature of Payer

Date: _____

Witness: _____

 Signature of Witness

Date: _____

ACCEPTANCE BY NEOASA:

 Officer Signature

Date: _____