

# H-F Youth Hockey Payment Agreement

Player(s) Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Parent (s) Name: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

City: \_\_\_\_\_, IL/IN, zip \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

**\*ONLY the e-mails listed will be placed on the e-mail list. Put all e-mails that you want to receive information**

## Installment Plan Lay-Out

Player Type	Reg. Fee	Oct 4	Nov 1	Feb 7	March 7
Full Skater \$1500	\$200 378301-00	\$325 378301-01	\$325 378301-02	\$325 378301-03	\$325 378301-04
2 <sup>nd</sup> Sibling \$1350	\$200 378301-00	\$325 378301-01	\$325 378301-02	\$325 378301-03	\$175 378301-07
Goalie \$1125	\$200 378301-00	\$325 378301-01	\$325 378301-02	\$275 378301-08	n/a
<i>Ad Book Notes</i>					

**\*\*failure to make payment results in the automatic usage of the card provided below. ALL individuals utilizing the installment plan MUST provide a valid credit card. The card will ONLY be used for hockey payments\*\***

**IF BOX IS CHECKED FEES WILL AUTOMATICALLY BE WITHDRAWN FROM THE CREDIT CARD PROVIDED BELOW.**

**Monthly payments will be charged on your credit card on the installment due-date above unless payment has been made in advance at the Ice Arena by cash check or card.**

*All practice/game privileges will be revoked if payment is not made or card is declined.*

Credit Card #: _____ Visa    MC    Discover    AmEx
Expiration Date: _____
<i>**it is required to provide credit card information if you are using the installment plan. The registration will not be accepted without VALID credit card information.</i>

**By signing this agreement, I agree to pay the H-F Ice Arena fees in monthly installments. I understand that I may prepay this contract in full at any time before maturity. I also acknowledge the receipt of a fully completed copy of this contract.**

Signature: \_\_\_\_\_