

# ADULT HOCKEY PROGRAM ENROLLMENT



Team: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, CA.

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

## PLEASE SELECT LEAGUE OF PLAY

**ALL PLAYERS MUST HAVE CURRENT USA HOCKEY REGISTRATION OR YOU WILL NOT BE ALLOWED ON THE ICE. IT IS DUE UPON ENROLLMENT**

GOLD LEAGUE (Competitive level)

SILVER LEAGUE (Intermediate level)

BRONZE LEAGUE (must be over 30)

### PRICES

\$360 PER PLAYER or  
2 PAYMENTS OF \$180 or  
\*\$3600 TEAM PAY\*

**\*Team Pay means one payment from One team member for \$3,600. If you are paying individual you will be held accountable for the entire amount of \$360. No discounted rates for being on a certain team or for goalies!!!\***

## \*\*\*PAYMENT\*\*\*

**IF YOUR LEAGUE FEES ARE NOT PAID IN FULL BY THE 1ST GAME, A CREDIT CARD OR POST DATED CHECK IS REQUIRED AND WILL BE CHARGED THE REMAINING BALANCE DURING THE 5TH WEEK OF THE SEASON!**

CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_

**IF PAYING WITH A CHECK, STAPLE CHECK TO THE TOP OF THE FORM**