

Clinton Youth Hockey Membership Registration

Parent's Names _____

Address: _____

Home Phone _____ Work _____ Cell _____

Email _____

Father/Mother's Address & Phone if different than above _____

Player's Names	Birthdate	Level H/T	Reg. Cost	Payment Plan	Age Classifications
1. _____	/_____/	/_____/	\$ _____	\$ _____	Mohawk Valley Comets 1990 and up
2. _____	/_____/	/_____/	\$ _____	\$ _____	Midgets 1991 - 1994
3. _____	/_____/	/_____/	\$ _____	\$ _____	Bantams 1995 or 1996
4. _____	/_____/	/_____/	\$ _____	\$ _____	Pee Wees 1997 or 1998
Total Due \$			\$ _____	\$ _____	Squirts 1999 or 2000
Amount Paid at Registration \$			\$ _____	Cash Check # _____	Mites 2001 and up
Date _____	Balance Due \$		\$ _____	Cash Check # _____	
Date _____	Credit		\$ _____	Cash Check # _____	
Date _____	Balance Due \$		\$ _____	Cash Check # _____	

Fundraising Assessment

1 - \$175.00	\$ _____	Cash Check # _____	Date _____
2 - \$225.00	\$ _____	Cash Check # _____	Date _____
3 - \$250.00	\$ _____	Cash Check # _____	Date _____
4 - \$250.00	\$ _____	Cash Check # _____	Date _____
Total Due	\$ _____		
Paid at Reg.	\$ _____		
Balance Due	\$ _____		
Credit	\$ _____	Cash Check # _____	Date _____
Balance Due	\$ _____	Cash Check # _____	Date _____
Credit	\$ _____	Cash Check # _____	Date _____

Fees

Learn to Skate \$25 per session
C Mites \$350 + FRA
B Mites \$350 + FRA
A Mites \$350 + FRA
Squirts \$375 + FRA
PeeWees \$375 + FRA
Bantams \$375 + FRA
Midgets \$375 + FRA
Midget Ind/Wrap \$250.00
Mohawk Valley Comets \$375 + FRA

Balance Due	\$ _____	Cash Check # _____	Date _____
Credit	\$ _____	Cash Check # _____	Date _____

Payment Plan

Mites \$385 + FRA
Squirts-Midgets \$410 + FRA
Mohawk Valley Comets \$410 + FRA

Fund Raisers Taken: _____

I understand registration must be **paid in full** by September 30, 2009. Beginning October 1, 2009 all outstanding balances will automatically go to our payment plan. Payment Plan payments are due on the first of each month. After December 1, 2009 players with unpaid payment plan or fundraising balances **will not** be able to participate in practices, games or tournaments – No Exceptions!

Travel Team Participant Agreement

I understand that tournament bound team players must attend all Pre-Sectional, Sectional & State Tourney games. Failure to do so will result in that player's ineligibility to play on a travel team for Clinton Hockey next season.

Father's Signature _____ **Date** _____

Mother's Signature _____ **Date** _____

Clinton Youth Hockey Fundraising and Jersey Orders

Fundraising Fees

Name _____ 1-\$175.00
 _____ 2-\$225.00
 Address _____ 3-\$250.00
 _____ 4-\$250.00

Home Phone _____ Work _____ Cell _____

E-Mail _____

Assessment Fee \$ _____

Sponsors:

<u>Which One</u>	<u>Date</u>	<u>Amount Owed</u>	<u>Payment</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Ad Book:

<u>Ad Size</u>	<u>Name of Ad</u>	<u>Date</u>	<u>Amount Owed</u>	<u>Payment</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Macy's Tickets: Yes/No _____ # of Tickets Taken _____

Home Interiors: Yes/No _____ Booklet # _____

Frozen Foods: Yes/No _____ Booklet# _____

Lia Sophia: Yes/No _____ Booklet# _____

Scratch Tickets: Yes/No _____ # of Tickets Taken _____

Jerseys: Yes/No _____ Size _____ Home _____ Away _____

Cost \$30.00 per Jersey _____ Amount owed _____

Fundraiser Billing:

	Amount Owed:	\$ _____
Billed _____	Amount	\$ _____
	Credit	\$ _____
	Balance Due	\$ _____
Billed _____	Amount	\$ _____
	Credit	\$ _____
	Balance Due	\$ _____
Billed _____	Amount	\$ _____
	Credit	\$ _____
	Balance Due	\$ _____
Billed _____	Amount	\$ _____
	Credit	\$ _____
	Balance Due	\$ _____

Parent Signature _____ Date _____

