



# Adult Hockey League Registration Form

## CONTACT INFORMATION

PLAYER NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MI LAST MM DD YYYY

USA Hockey Number: \_\_\_\_\_  EMAILED TO BLOOMER@JACKSONVILLEICE.COM

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

By providing email addresses above, you are agreeing to receive email communications from Jacksonville Ice & Sportsplex. You may unsubscribe at any time by clicking the link at the bottom of any email address or by sending a written request to laura@jacksonvilleice.com.

## TEAM INFO

FIRST TEAM NAME: \_\_\_\_\_  SUB

DIVISION:  A  B  C  BEVIE  40A  40B  40C  50+

DISCOUNT:  MILITARY/1<sup>st</sup> RESPONDER - 10%  CAPTAIN - 10%  GOALIE - 50%

SECOND TEAM NAME: \_\_\_\_\_  CAPTAIN  SUB

DIVISION:  A  B  C  BEVIE  40A  40B  40C  50+

DISCOUNT:  2ND TEAM DISCOUNT - 25%  GOALIE - 50%

\*Note: Discounts will be applied at processing. JIS does not combine discounts.\*

## PAYMENT OPTIONS

PAY IN FULL:  EARLY - \$400  REGULAR - \$450  LATE - \$500  SUB - \$150

PAYMENT PLAN: 5 EQUAL PAYMENTS OF...

EARLY - \$85  REGULAR - \$95  LATE - \$105

\_\_\_\_\_ I hereby authorize Jacksonville Ice & Sportsplex to charge the credit card listed on the Credit Card Authorization Form in my name for the amount and date as outlined in the Option Selected above. I understand that in the event of any charges being declined, the enrollment will be suspended until payment is cleared.

Prices include sales tax. Payments due: at registration, 9/1/18, 10/1/18, 11/1/18, and 12/1/18

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date