



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: _____ CAPTAIN SUB
DIVISION: A B C BEVIE 35A 35C 50+
DISCOUNT: MILITARY/1st RESPONDER - 10% CAPTAIN - 10% GOALIE - 50%

SECOND TEAM NAME: _____ CAPTAIN SUB
DIVISION: A B C BEVIE 35A 35C 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 - \$475 REGULAR - \$525 LATE - \$575 SUB - \$150

PAYMENT PLAN: 5 EQUAL PAYMENTS OF...
 EARLY - \$99 REGULAR - \$109 LATE - \$119

_____ 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, 1/15/19, 2/15/19, 3/15/19 and 4/15/19

Valid Credit Card must be on file for all payment plans. A \$25.00 late fee will be assessed if any past due payments are not brought current by the 15th of the following month.

Signature Printed Name Date