



Elite Training Registration Form

CONTACT INFORMATION

PLAYER NAME: _____ DOB: ____/____/____
FIRST MI LAST MM DD YYYY

USA Hockey Number: _____ EMAILED TO HOCKEY DEPARTMENT

DAY SELECTION (CHECK ALL THAT APPLY): MONDAY WEDNESDAY

MOTHER/GUARDIAN'S NAME: _____ ACCOUNT HOLDER

PHONE: (____) _____ - _____ EMAIL: _____

FATHER/GUARDIAN'S NAME: _____ ACCOUNT HOLDER

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. Your information will only be shared with USA Hockey and the Tampa Bay Lightning Made Hockey Programs.

DISCOUNTS (APPLIED AT PROCESSING)

MILITARY/1st RESPONDER - 10% SIBLING - 10% GOALIE - 25% JETS TRAVEL - 50%

PAYMENT OPTIONS

Note: JIS does not combine Discounts.

PAY IN FULL: ONE DAY TRAINING (\$350.00) TWO DAY TRAINING (\$650.00)

PAYMENT PLAN: 5 EQUAL PAYMENTS OF...
 ONE DAY TRAINING (\$75.00) TWO DAY TRAINING (ADD \$135.00)

_____ 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, 2/1/18, 3/1/18, 4/1/18, and 5/1/18

Signature Printed Name Date

Admin Use Only Received: _____ Date: _____ Processed: _____ Date: _____*