



# Adult Hockey League Payment Plan (Summer '19)

## CONTACT INFORMATION

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

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](mailto:laura@jacksonvilleice.com).

## TEAM INFO

FIRST TEAM NAME: \_\_\_\_\_  SUB  
DIVISION:  A  B  C  BEVIE  35A  35C  50+  
DISCOUNT:  MILITARY/1<sup>st</sup> RESPONDER - 10%  CAPTAIN - 10%  GOALIE - 50%

SECOND TEAM NAME: \_\_\_\_\_  SUB  
DIVISION:  A  B  C  BEVIE  35A  35C  50+  
DISCOUNT:  2ND TEAM DISCOUNT - 25%  GOALIE - 50%

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

## PAYMENT OPTIONS

PAY IN FULL:  EARLY - \$325  REGULAR - \$375  LATE - \$425  SUB - \$150

PAYMENT PLAN: 4 EQUAL PAYMENTS OF...  
 EARLY - \$85  REGULAR - \$95  LATE - \$110

\_\_\_\_\_ 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, 6/15/19, 7/15/19, and 8/15/19

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 20th of the current month.

\_\_\_\_\_  
Signature Printed Name Date

I-95 & Emerson | 904-399-3223 | [jacksonvilleice.com](http://jacksonvilleice.com)

FOR OFFICE USE ONLY RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_