



Fall 2019 Hockey 101 Registration Form

CONTACT INFORMATION

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

USA Hockey Number: _____ EMAILED TO HOCKEY DEPARTMENT

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% *Note: JIS does not combine Discounts.*

PAYMENT OPTIONS

- PAY IN FULL (\$400.00)
- PAYMENT PLAN (\$85.00 at registration, then 4 payments of \$85.00)

_____ 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. In the event of a decline, a late fee could apply. I understand that I am committing to the amount of the full season by signing this form. A cancellation fee will be applied to all enrollments terminated prematurely.

Prices include sales tax. Payments due: at registration, 9/1/19, 10/1/19, 11/1/19 and 12/1/19

Signature Printed Name Date

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