



**Adirondack Youth Hockey Association
P.O. Box 940
Glens Falls, NY 12804**

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ e-mail Address: _____

Season: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Name of Child: _____ Level: _____ Rate: _____

Total Registration Fees: _____

Downpayment (Min \$100): _____

Balance Due: _____

Admin Fee: **\$25.00**

Total Due: _____

Payment Schedule:

Date	Amount	Date	Amount	Date	Amount

I/We agree to the above payment schedule. I/We understand that payments must be received by the Adirondack Youth Hockey (AYHA) on or before the due date. I/We understand that failure to make timely payments may result in suspension of the player(s) participation in the league. I/We agree to a \$25 fee to establish this payment plan.

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved / Date	
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