

September 2011 – March 2012



Suburban FUN^{damental} Hockey Player Registration Form



Don't get shut out! Register now!

PLAYER'S FULL NAME (First) _____ (Middle) _____ (Last) _____

Address _____

City _____ Zip _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

e-mail address (please print) _____

____ Yes, I am interested in coaching. (circle) Mother Father Other _____

Contact Person Other Than Parents _____ Phone _____

Player's Specific Medical Problems _____

PLAYER INFORMATION

Age _____ Date of Birth _____ Please circle gender: Male Female

Please circle your player's position preference : Player Only Goalie Only Goalie/Player

Please circle how many series of a Learn to Skate program your skater has completed: None 1-2 3-4 5-6 7+

Has your player ever played organized ice hockey before? (circle one) Yes No

If yes, how many years? _____ What association or arena? _____

HOW TO REGISTER

- Submit completed player registration form, birth certificate and registration fee to Suburban Ice-Farmington Hills (contact information at bottom of page).
- \$35 fee for withdrawals prior to Sept. 1. Registration fee is non-refundable after Sept. 1.
- Cash, check/money order (made payable to Suburban Ice-Farmington Hills), Visa/Mastercard, Discover and American Express accepted.
- Remaining dues for Mini Mites will be paid in installments on Sept. 15, Oct. 15, Nov. 15 and Dec. 15.
- Remaining dues for Mighty Mites will be paid on Sept. 15(session 1) and Jan. 15(session 2).
- \$40 fee for NSF checks.
- Select which program you would like to register your player for:

Program	Ages	Registration Fee	Installments			
			Sept. 15	Oct. 15	Nov. 15	Dec. 15
<input type="checkbox"/> MINI MITE	5-8	\$125.00	\$145.00	\$145.00	\$145.00	\$140.00
<input type="checkbox"/> MIGHTY MITE SESSION 1	4-7	\$125.00	\$50.00			
<input type="checkbox"/> MIGHTY MITE SESSION 2	4-7	\$125.00	\$50.00	(Jan. 15)		

PAYMENT METHOD

____ Check or money order enclosed

____ Visa _____ Mastercard

____ AMEX _____ Discover

CW2 # (last 3 digits on back of card) _____

Expiration Date _____

Card # _____

Name of Cardholder _____

AUTO-PAYMENT AUTHORIZATION

Check this box to auto-bill installments to the above credit card.

If billing address is different than above, please indicate here:

Signature _____



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Operated by Suburban Sports Group