

September 2010 – March 2011



Suburban FUNdamental 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

School attending in 2010-11 _____

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-Macomb (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-Macomb) or Visa/Mastercard/Discover accepted.
- Remaining dues will be paid in installments in September, November and January.
- \$40 fee for NSF checks.
- Select which program you would like to register your player for:

Program	Ages	Deposit	Installments		
			#1	#2	#3
<input type="checkbox"/> MIGHTY MITE SESSION 1 <input type="checkbox"/> THURSDAY 4:30 PM <input type="checkbox"/> SUNDAY 3:30 PM	4-6	\$100.00	\$100.00	N/A	N/A
<input type="checkbox"/> MIGHTY MITE SESSION 2 COMBO-SIGN UP FOR BOTH SESSIONS AND GET \$25 OFF OF 2ND SESSION. <input type="checkbox"/> THURSDAY 4:30 PM <input type="checkbox"/> SUNDAY 3:30 PM	4-6	\$100.00	\$100.00	N/A	N/A
<input type="checkbox"/> MINI MITE	5-8	\$125.00	\$225.00	\$200.00	\$200.00

PAYMENT METHOD

____ Check or money order enclosed

____ Visa _____ Mastercard

____ AMEX _____ Discover

CV2 # (last 3 digits on back of card) _____

Expiration Date _____

____ Card # _____

____ Name of Cardholder _____

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



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www.suburbanice.com

Operated by Suburban Sports Group