

**How to complete Form:**

1. Print all requested Player/Parent Information
2. Find Players Age/Divison and place a check by your selected registration fee in the REGISTRATION FEE SCHEDULE below
3. Read REGISTRATION INFORMATION Section on Payment and Volunteer Time and place a check by your choice of registration and sign

Please Print	Last	First	Birth Date	Age	Gender
<b>Players Name:</b>					
Street		City		Zip	
<b>Address:</b>					
<b>Father's Name:</b>		<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Mother's Name:</b>		<b>Home Phone:</b>		<b>Work Phone:</b>	

For all levels division is determined by age on 12/31/2011

**2010-2011 Registration Fee Schedule**

Player's Age/Division	Check Box	Full Sign-up	Volunteer Sign-up	Obligated Hrs. Required
17/18 Midget BB		\$585.00	\$435.00	12
15/16 Midget B		\$585.00	\$435.00	12
13/14 Bantam		\$540.00	\$390.00	12
Girls Team		\$505.00	\$355.00	12
11/12 PeeWee		\$505.00	\$355.00	12
9/10 Squirt		\$445.00	\$295.00	12
7/8 Mite		\$400.00	\$250.00	12
5/6 Mini-Mite		\$220.00		



**REGISTRATION INFORMATION:**

**Payment Plan:** For your player to be registered, payment must be made in full by: **September 09,2011**  
 Late payment/registration will result in a \$50 late fee

**Obligated Time Choice** Selecting this option obligates the parents/guardian to complete the allocated time for volunteer hours. Failure to meet this chosen obligation will result in your player being unable to compete until full payment is made, and your loss of the option to have reduced registration fees in the future.

**Check Box for Choice of Registration**

**I/We elect to use the payment plan for Registration checked below:**

- Full Registration Fee with NO Volunteer Time.** To be paid at Registration Date
- Reduced Registration with 12 hours Obligated Time.** To be paid at Registration date
- Check this box if your childs birth certificate was given to us last year**

Sign below to verify your choice of registration

\_\_\_\_\_ Parent or Guardian Signature

**MAKE CHECKS PAYABLE to: Cheboygan Hockey Association**

**FOR OFFICE USE ONLY:**

Registration Fee:	\$ _____			<b>Form Verification</b>	
Equipment Rental Fee:	\$ _____			Birth Cert. _____	
Late Fee:	\$ _____			Code of Conduct _____	
				Consent to Treat _____ Liab. Waiver _____	
<b>Total Fees:</b>	<b>\$ _____</b>	Check#	Initials	Date Paid	
<b>Total Paid:</b>	<b>\$ _____</b>	_____	_____	/ /	
<b>Balance Due:</b>	<b>\$ _____</b>				