



Chiefs Hockey Club • P.O. Box 1292 • Elmhurst, IL 60126

630-415-2443 • WWW.CHIESHOCKEY.ORG

REGISTRATION FALL SEASON 2009-2010

Registration is on a first come – first served basis until rosters are full. Registrations received unsigned or without payment will be returned. **FREE Knock-the-Rust-Off Clinic** included with registrations received by JULY 1, 2009. (Clinic details included in this registration package).

\$350 non-refundable deposit is due with registration



Last Name:		First Name:		Circle One: F M		Birth Date: <i>New Players please attach copy of birth certificate</i>	
Address:				City, State & Zip:			
Home Phone:				E-mail Address:			
Mother's Name:		Cell Phone:		Father's Name:		Cell Phone:	
Fall 2008-2009 Club & Team Name:				Player Level for 2009-2010:			
Returning Chiefs Hockey Jersey Number:							
2009-2010 Player Program Fee Schedule:				Calculate Payment			
Silver Mite (5-6: 2003 and later) \$ 680				----- <i>July 1, 2009 Payment</i> -----			
Gold Mite (7-8: Birth year 2001-2002) \$1,090				Required Deposit (due 7/1/09) \$ <u>350.00</u>			
Squirt (9-10: Birth year 2000-1999) \$1,290				Credit Card Fee (if applicable, \$35 one time fee) \$ _____			
Peewee (11-12: Birth year 1998-1997) \$1,550				Total due 7/1/09: \$ _____			
Bantam (13-14: Birth year 1996-1995) \$1,600				----- <i>Remaining Balance Calculation</i> -----			
Midget (Birth year: 1994-'93-'92-'91) \$1,650				Player program fee \$ _____			
				Less Deposit (\$ <u>350.00</u>)			
				Remaining Fee (50% due 9/1/09, balance due 10/1/09) \$ _____			
Choose Payment Options				Form of Payment		<i>The Chiefs Hockey Club derives its funds from its participants. The Chiefs therefore reserves the right to adjust fees to comply with budgetary requirements.</i>	
<input type="checkbox"/> Payment in full <input type="checkbox"/> Payment Plan 1. \$350 Deposit due 7/1/09 2. 50% of fee balance due 9/1/09 3. Final payment due 10/1/09				Visa/MasterCard (See below for details) OR Make checks payable to: CHIEFS HOCKEY CLUB (\$30 Fee for Returned Checks)			

I HAVE READ AND AGREE TO THE CONDUCT, RISK OF SERIOUS INJURY, WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT, AND AUTHORIZATION FOR SERVICES AS STATED THROUGH YOUR USA HOCKEY REGISTRATION TO BE COMPLETED AT <http://www.usahockeyregistration.com>.

(ALL FEES ARE NON-REFUNDABLE ONCE PAID)

Participant Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Credit Card Payments – Visa & MasterCard ONLY (\$35 fee for using credit card)			
Card Number: _____	Expiration Date: _____		
Name as it appears on the card: _____			
Billing address if different from above: _____			
Amount Charged: \$ _____	Signature: _____		
Your signature authorizes the Chiefs Hockey Club to charge your account \$385 (\$350 non-refundable deposit plus \$35 credit card fee) with half the remaining fee balance charged on 9/1/09 and final payment 10/1/09.			