

Franklin County Hockey Association

P.O. Box 411

Greenfield, MA 01302-0411

Squirt Statement of Financial Obligation

Please read this agreement carefully, sign, and return to Franklin County Hockey Association by Friday, May 1, 2015. **A non-refundable deposit of \$100 must accompany this agreement.** This amount is applied to your full season dues.

The player listed below is registered with Franklin County Hockey Association for the entire 2015-2016 season. I understand that the budgeting for "season dues" is dependent upon number of skaters committed to the player's team and "season dues" are estimated until the actual start of the season. The approximate cost for the 2015-2016 season is between \$100 and \$120 per month payable on the first of each month for ten (10) consecutive months beginning June 1, 2015. (Goalie cost is half of this amount.) This amount does not include any registration, tournament or jersey fees. Failure to make payments on time will result in the player's ineligibility to participate in any practices or games until payment is brought current.

In the event of a player's withdrawal from the program, I will be responsible for the entire season's costs. I agree that being responsible for the entire season's cost represents a good faith reasonable estimate by Franklin County Hockey Association of the economic loss that Franklin County Hockey Association would incur in such event and said amount does not constitute a penalty. Notwithstanding, Franklin County Hockey Association, in its sole judgment, reserves the right, on a case by case basis, to extend a refund for a player's withdrawal due to extenuating circumstances.

I further agree to pay any financial charges that are incurred for returned checks and all costs and expenses of collection including attorney's fees, for any unpaid balance.

I, the undersigned, accept responsibility for the player's financial obligation to Franklin County Hockey Association and agree to pay the fees and costs stated above.

Player's Name: _____

Parent or Guardian: _____

Signature: _____

Date: _____

Please fill out, sign, and return to FCHA along with nonrefundable deposit, to P.O. Box 411, Greenfield, MA, 01302.