



STAMFORD YOUTH HOCKEY ASSOCIATION PAYMENT PLAN AGREEMENT FORM 2016-17 Season

<u>Player(s)</u>	<u>Travel Team</u>	<u>House Division</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (we), the undersigned parent(s)/legal guardian(s) of the above player(s), by executing this Installment Payment Plan Agreement, agree and understand as follows:

1. I (we) are responsible for the full season *Financial Obligation* as detailed below.
2. If the above named player(s) fail to complete the season for any reason I (we) will not be entitled to any refund or reduction in program fees or expenses.
3. The above player(s) must obtain a proper Connecticut Hockey Conference release from the Stamford Youth Hockey Association prior to registering with any new program in this, or any ensuing season.
4. Any outstanding fees from prior years must be paid in full before this Agreement will be accepted by the Stamford Youth Hockey Association.
5. The program fees for the 2016-17 season are as follows:

Travel program fees	
House program fees	
Sibling discount (5% - 2 travel players, 10% 2 or more travel players)	
Less \$500 deposit	
Total <i>Financial Obligation</i>	

6. The *Financial Obligation* will be paid as follows:

Initial payment - 25% of balance by 7/1/2016 \$ _____
4 additional installments \$ _____

7. Installment payments are due by check on the first of each month until the *Financial Obligation* is paid in full. Checks are to be sent to Stamford Youth Hockey Association, PO Box 4030, Stamford, CT 06907. **All fees must be paid in full by December 1, 2016.**
8. This Agreement will not become effective until it is reviewed and accepted by the Stamford Youth Hockey Association. **Application due by July 1, 2016.**

Signed and agreed:

Signature: _____
Print Name: _____
Address: _____

Tel No.: _____
Email: _____

Signature: _____
Print Name: _____
Address: _____

Tel. No.: _____
Email: _____

Reviewed and accepted by the Stamford Youth Hockey Association, Inc.:

Signature

Title

Date