



Lawrence Hockey Association

Flames Discount & Payment Plan Request Form

All players must first register on line with USA Hockey for the upcoming season. Failure to register will prohibit player from being add to a team roster, participating in games and from insurance coverage provided by USA Hockey.

Parent's First Name: _____ Parent's Last Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ eMail : _____

Player Name(s)	Team	USA Hockey Reg. Conf #
1)		
2)		
3)		

Registration Exception Categories (please check all that apply):

Requesting *Multi-Player* Discount
(10% for 2 Players)
(20% for 3 or more players)

Requesting *Standard Hardship Discount* (20%)

Requesting *Exceptional Hardship Discount*(>20%)
[_____% discount or \$_____ amount requested]

Requesting *Partial Season* Discount
(pro-rated amount determined by President/Treasurer)

Requesting *Injury/Release* Discount
(Season ending injury, player release, or player moving)

Requesting *Payment Plan* or special payment terms

Hardship Discount Justification (by Applicant)
