



**MOUNTAIN STATES YOUTH HOCKEY
REGISTRATION FORM
2009-2010 COMPETITIVE PROGRAM**

Return to: P.O. Box 336841, Greeley, CO 80633-0615

PLAYER NAME: _____ DOB: __/__/__

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: (____) _____

PARENT/GUARDIAN: _____ E-MAIL ADDRESS: _____

HEALTH INSURANCE: _____

COMPETITIVE PROGRAM:

Level: Mite (2001 & younger) __ Squirrt (1999-2000) __ Pee Wee (1997-1998) __ Bantam (1995-1996) __
Midget Minor (1993-1994) __ Midget Major (1991-1992) __

Team/Organization played for last season: _____ Preferred position: Fwd __ Def __ Goal __

Tryout Fee: \$85 non refundable if paid by August 6, 2009. \$125 non refundable if paid after August 6, 2009

Payment Plan: 2009-2010 MSYH Fees - **\$1575 (A, B & C teams), \$1875 (AA teams)**

Payment Schedule (4 Equal Payments of 25%)

Payment #1 **\$393.75 (A,B,C) \$468.75 (AA)** Due September 3
Payment #2 **\$393.75 (A,B,C) \$468.75 (AA)** Due September 25
Payment #3 **\$393.75 (A,B,C) \$468.75 (AA)** Due October 23
Payment #4 **\$393.75 (A,B,C) \$468.75 (AA)** Due November 27

Payments can be made by Cash, Check or Online by Credit Card through PayPal at www.mountainstateshockey.com.
Make Checks payable to: Mountain States Youth Hockey.

I understand that I, as parent/guardian, am responsible for the fees and payment schedule set forth by Mountain States Youth Hockey Association and agree that failure to meet payment due dates may result in player being prohibited from participating in the program.

SIGNATURE: _____ DATE: _____
Parent/Guardian

For Mountain States Youth Hockey use:

Total Due: _____ Registration Paid: _____ Balance: _____

Payment Method: Cash: __ Check: __ Check #: _____

Received By: _____ Date Received: _____

USA Hockey Registered: _____ Registration #: _____