

# CHELSEA HOCKEY ASSOCIATION

509 Coliseum Drive, Chelsea, MI 48118

## Automatic Payment Authorization Agreement

### Fall 2016-2017 Season

Players Name: \_\_\_\_\_ Level: \_\_\_\_\_  
(first) (middle) (Last)

Please fill out the section below, sign, date and return the completed form to the CHA payment box at the rink.  
Note: Registration fee is not included in the Program fee but may be paid with first payment.

<b>PROGRAM FEE</b>	
Total Amount to be Paid \$	_____

<b>REGISTRATION FEE</b>	
CHA Registration Fee - \$ 150.00	_____

**Please complete the following information**

<b>All checks must be deposited prior to rostering with any team.</b>		
Check dated August 20, 2016	Check #: _____	Check Amount: _____
Check dated September 15, 2016	_____	_____
Check dated October 15, 2016	_____	_____
Check dated November 15, 2016	_____	_____
Check dated December 15, 2016	_____	_____
(Checks must accompany form)		

**Players paying by credit card must do so via the Chelsea Hockey Association website [www.chelseahockey.net](http://www.chelseahockey.net)**

U6 (Mini Mites) - \$ 560.00	U12 (PeeWee) - \$ 1,250.00
U8 (Mites) - \$ 560.00	U14 (Bantam) - TBD
U10 (Squirt) - \$ 1,200.00	U16 (Midget) - TBD

Any Non Sufficient Funds returns will be reprocessed with an additional \$35.00 NSF fee.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Due date for Form is at or prior to Evaluation skate for House Players.**