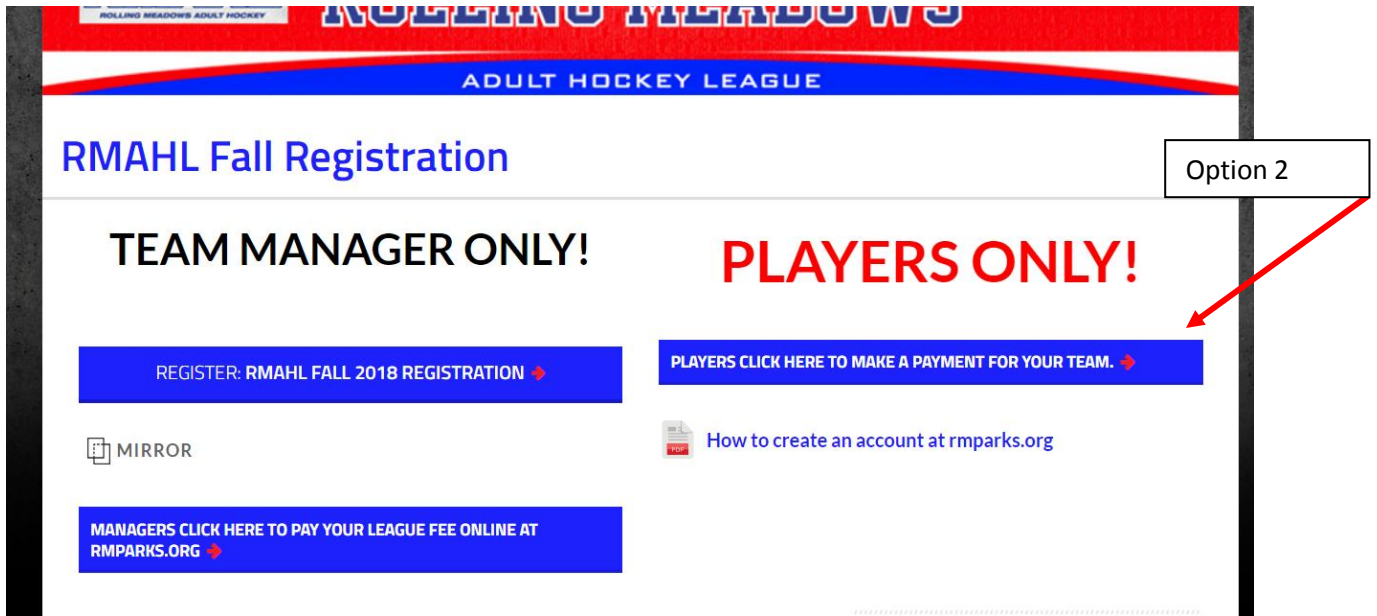
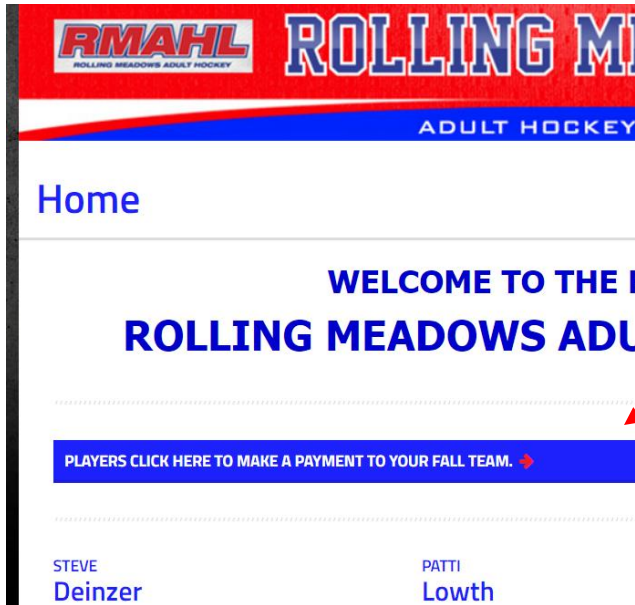


Take the following steps to make an RMAHL payment as an individual





## FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL && OVER 40 - 19-7172

> [Home Page](#) > [Activity Search](#) > FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL & OVER 40

Share this activity with your friends!



Sep 9, 2018 to Mar 31, 2019

[Subscribe to RSS to stay up to date](#)

**Ages:** At least 18 but less than 99

**Gender:** Coed

**Spaces:** Unlimited openings

**Registration Dates:** Standard registration opens: Jul 27, 2018 7am  
Internet registration opens: Jul 27, 2018 7am  
Last day for Internet registration: Dec 1, 2018

[Add to Wish List](#)

[Add to Cart](#)

Individual player payment on an Adult Hockey Team and Over 40 Team for Fall 2018/2019 season.

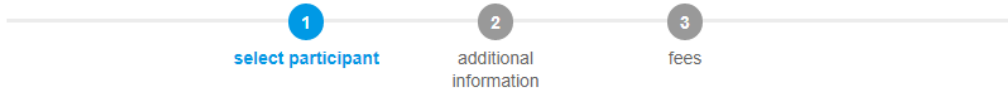
[More Information](#)



# Enrollment: FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL && OVER 40



> Home Page > Activity Search > Enrollment Process



Participant required

## Select Participant

Don't see the person you want to add in this drop down? [Create a new Family Member / Friend](#)

\* Who will be participating in this Activity?

Select the Family Member / Friend to Enroll ▼

Comments/Requests for Staff

### 👍 Tips

If you need to register multiple participants for this activity, simply register one participant then, after completing the fees step, click the 'Register Another Participant for this Activity' link provided at the bottom of the page. You will be returned to this step for the next participant. You can use this process to register as many participants as necessary.

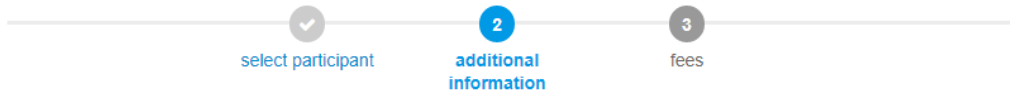




## Enrollment: FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL & OVER 40



> Home Page > Activity Search > Enrollment Process



### Activity Questions: FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL & OVER 40

#### Activity Questions:

Answer some questions for this activity.

\* Is this payment for an "Over 40" hockey team?

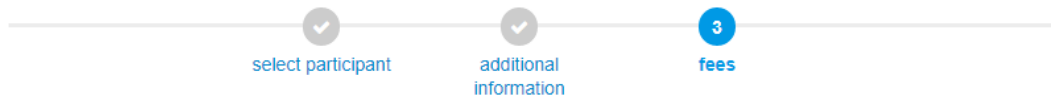
\* Team Name:

\* What is your manager's name?

Do you have any Special Needs or Limitations?

◀ Back | [Cancel & Return to Search](#)

[Next ▶](#)



### Select Fees

Please review your enrollment fees and, if applicable, apply your coupons.

Description	Quantity	Unit Fee	Total Price
<input type="checkbox"/> Please select if paying \$100	0	\$100.00	\$0.00
<input type="checkbox"/> Please select if paying \$150	0	\$150.00	\$0.00
<input type="checkbox"/> Please select if paying \$200.00	0	\$200.00	\$0.00
<input type="checkbox"/> Please select if paying \$250.00	0	\$250.00	\$0.00
<input type="checkbox"/> Please select if paying \$300.00	0	\$300.00	\$0.00
<input type="checkbox"/> Please select if paying \$350.00	0	\$350.00	\$0.00
<input type="checkbox"/> Select if paying \$400	0	\$400.00	\$0.00
<input type="checkbox"/> Select if you play for Norrismen	0	\$303.00	\$0.00
<input type="checkbox"/> Select if you play for Northwest Flyers (Tom Dolan)	0	\$335.00	\$0.00
<input type="checkbox"/> Select if you are making a payment for Pylons	0	\$375.00	\$0.00
<input type="checkbox"/> Select if you play for the Stickheads.	0	\$340.00	\$0.00
<input type="checkbox"/> Please select if playing for Thin Ice	0	\$339.29	\$0.00
<input type="checkbox"/> Select if you play for Windy City Home Improvement	0	\$418.18	\$0.00

Total: \$0.00

[Proceed to Shopping Cart](#)

[Register Another Participant for this Activity](#)

[Add to Cart & Continue Shopping](#)



Home > Shopping Cart



# Shopping Cart

**Paid on Account Balance** \$0

PAID ON ACCOUNT BALANCE

Outstanding balances on receipt(s): [1069529.002](#), [3012337.002](#)

<b>Order Summary</b>	
Subtotal	\$100.00
<b>Due Now</b>	<b>\$100.00</b>

[Check Out](#)

**Bob Veller** BV 1 item, **\$100.00** in total.

---

**FALL 2018/19 RMAHL PLAYER PAYMENT** **\$100.00** ▾

**RMAHL & OVER 40 - 19-7172**

ACTIVITY ✎ 🗑

## Waiver

Please read the following waivers and agreements carefully. They include releases of liability and waiver of legal rights, and deprive you of the ability to sue certain parties. By agreeing electronically, you acknowledge that you have both read and understood all text presented to you as part of the checkout process.

\* I have read and agree to [Participant Waiver \[Activity Enrollment: FALL 2018/19 RMAHL PLAYER PAYMENT RMAHL & OVER 40 - 19-7172\]](#).



# Check Out

## Payment Information

### Payment Method

ACT\* RollingMdwsParkDis or Active Network will show up on your credit card statement for this payment.

Card Number \*

Expiration Date \*  /

CVV/CVC \*  ?

[Saving Credit Card Security Guarantee](#) ▼

Save the card for future use

Add

### Billing Address

Bob Veller ▼

Mailing Name *No mailing name*

Address

[Edit](#)

## Order Summary

Subtotal \$100.00

Due Now \$100.00

Pay