

CHELSEA HOCKEY ASSOCIATION

509 Coliseum Drive, Chelsea, MI 48118

Automatic Payment Authorization Agreement

2017-18 Fall/Winter Season

Players Name: _____ Level: _____
(first) (middle) (Last)

Payment may be made in up to five equal monthly payments by post dated checks.

Please fill out the section below, sign, date and return the completed form to the CHA.

Note: Registration fee is not included in the Program fee but may be paid with first payment.

PROGRAM FEE	
Total Amount to be Paid \$ _____	Number of Payments: 1 2 3 4 5 (please circle)
Amount to be paid per payment\$ _____	

REGISTRATION FEE
_____ Please check here if you are paying the Registration fee of \$150.00 to be made with your first payment as per information completed below (registration fee is not included in the Program fee).

Please complete the following information

Post Dated Checks		
Check dated August 16, 2017:	Check #: _____	Check Amount: _____
Check dated September 15, 2017:	Check #: _____	Check Amount: _____
Check dated October 15, 2017:	Check #: _____	Check Amount: _____
Check dated November 15, 2017:	Check #: _____	Check Amount: _____
Check dated December 15, 2017:	Check #: _____	Check Amount: _____

(Checks must accompany form)

Players paying by credit card must do so via the Chelsea Hockey Association website www.chelseahockey.net

Registration fee: \$150 due at evaluation skate

ADMU6 - \$560

PeeWee - \$1,250

ADMU8 - \$560

Bantam - \$1,300

Squirt - \$1,200

Midget - TBT

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

Authorized Signature: _____
Phone #: _____
Address: _____

Date: _____

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