



Home Phone:

Cell Phone:

Current Email Address:

**Installment/Payment Information**

A) Total Amount Due \_\_\_\_\_

B) Monthly Payment Amount \_\_\_\_\_

C) Monthly Payment Due Date \_\_\_\_\_

or

D) Lump Sum Payment Amount \_\_\_\_\_

E) Lump Sum Due Dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Terms and Conditions:**

I, the above Parent(s)/Guardian(s) hereby apply for enrollment in the Hyland Hills Hockey Association Installment Payment Plan. I understand that I will be required to comply with the terms and conditions agreed to above in order for the above mentioned Player to be able to participate in all Hyland Hills

Hockey activities, including, but not limited to, League Games, Practices, Clinics, and Tournaments.

All payments must be paid by designated date of month or date of year or applicant will not be allowed to participate in summer hockey clinics administered by Hyland Hills Hockey Associations without prior written approval of \_\_\_\_\_ if not in good financial standing with the association.

If any default occurs in the making of payments agreed to above and such default continues for more than ten days after written notice, the entire balance shall become immediately due. Should payment not be made when due or in the event of default,

\_\_\_\_\_ (Parent(s)  
/Guardian(s) name) shall pay the costs of collection, including reasonable attorney fees.

I understand and intend that this Application will constitute a legally binding agreement.

Mother's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Father's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Application received date:

Application approved/denied\* date:

\*(If application is denied please provide details as to why unable to approve)

**Hyland Hills Hockey Association**

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_