



Office Use Only: DOB Verified or Birth Certificate Attached: Release Rec'd:

Monroe County Youth Hockey
9227 SE 179th Wesley St
The Villages, FL 32162
585-663-5580 x4
www.MCYH.org

REGISTRATION FORM
TRAVEL PROGRAM
2018-2019 Season

PLEASE PRINT ALL INFORMATION CLEARLY

Player's Name Last, First Birthdate Male Female Citizenship

Address City State Zip Code

Parent/Guardian Last Name First Name Primary Phone Email Address

I. LAST ORGANIZATION: (ORIGINAL PLAYER RELEASE FORM REQUIRED IF NOT MCYH)

II. PROGRAM CHOICE (please indicate program and age classification, where applicable):

TRAVEL PROGRAM

Include with registration TWO separate checks:

(1) non-refundable \$45 try-out fee
(1) \$150 deposit towards League Fees

All Players NEW to MCYH must bring copy of passport or birth certificate and Player Release

League Fees due in-full 7/20/2018

Table with columns: DIVISION, AGE, DATE OF BIRTH, and fees. Rows include SQUIRT, PEEWEE, BANTAM, and MIDGET categories.

For additional information regarding any of the above listed programs, please refer to the MCYH Registration and Guidebook found at the MCYH website (www.MCYH.org) or by contacting the program directors listed in the MCYH Registration and Guidebook.

III. PAYMENTS (Final payments to be made on-line at www.mcyh.org; see website for further information)

TRYOUTS: I am enclosing cash or check # in the amount of

DEPOSIT: I am enclosing cash or check # in the amount of

I am paying by credit card at rink. Office use only CC Authorization code

I authorize you to charge my credit card as follows:

MC VISA DISCOVER Card # 3 digit Security # Expiration date Amount

I understand that all league fees are due and to be paid in full by July 20, 2018 (Travel) or July 31, 2018 (House and Girls). New Registrations and/or payments received after these dates will automatically incur a \$50 late fee in addition to the stated League Fees, payable-in-full before participation in any Monroe County Youth Hockey events.

Parent or Guardian Signature