



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
www.MCYH.org

REGISTRATION FORM
TRAVEL PROGRAM
2019-2020 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

	DIVISION	AGE	DATE OF BIRTH	
	SQUIRT	9U	9 yrs	1/1/2010 - 12/31/2010 \$1045
		10U	10 yrs	1/1/2009- 12/31/2009 \$1045
	PEEWEE	11U	11 yrs	1/1/2008 - 12/31/2008 \$1115
		12U	12 yrs	1/1/2007 - 12/31/2007 \$1115
	BANTAM	13U	13 yrs	1/1/2006 - 12/31/2006 \$1105
		14U	14 yrs	1/1/2005 - 12/31/2005 \$1105
	MIDGET	15U	15 yrs	1/1/2004 - 12/31/2004 \$985
		16U	15-16 yrs	1/1/2003 - 12/31/2004 \$985
		18U	17-18 yrs	1/1/2001 - 12/31/2002 \$985

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

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 _____
Returned checks for insufficient funds will incur an additional \$50 bank fee, payable before participation with MCYH

DEPOSIT: I am enclosing cash or check # _____ in the amount of _____
Returned checks for insufficient funds will incur an additional \$50 bank fee, payable before participation with MCYH

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 (Travel) or July 31 (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 _____