



CONNECTICUT GIRLS HOCKEY LEAGUE, INC.

INVOICE

Date: 9/5/2017

1. Please Make Checks payable to "CGHL"

2. Please remit to:
CGHL
c/o Gary LaChance
Treasurer
3 The Meadowlands
Guilford, CT 06437

Name:	
Title:	
Local Program:	
Street Address:	
City, ST Zip:	

CGHL Annual Dues (U12, U14, U19), \$1,200 and (U10s) \$650 per participating team. *Please fill in Quantity of Teams at each age group, multiply by unit price and tally the Total Cost due from your local Program.*

Terms: Due Upon Receipt ... and before December 31st to avoid \$100 late fee / suspension.

Description	Qty	Unit Price	Cost
U10 Team(s) 2 Jamborees Fall/Sp		\$ 650	\$
U10 Team(s) Jamboree / Tourney		\$ 1,200	\$
U12 Team(s)		\$ 1,200	\$
U14 Team(s)		\$ 1,200	\$
U19 Team(s)		\$ 1,200	\$
Total		\$	

Thank you for your participation in the Connecticut Girls Hockey League, Inc.

Sincerely yours,

Kevin Sandor
President, CGHL