



# Piranhas House Hockey Spring 2020 Season Billing Contract

4545 La Jolla Village Dr. San Diego, CA. 92122 - (858) 452-9110

## EARLY BIRD PRICING (Save \$20 a month) Ends FEB 29<sup>th</sup>, 2020

### Check One:

- Mite (Birth Year 2011 or younger):  
1 Practice, 1 Game: Total Contract Amount \$745 - Billed \$149/Month (5 months)
- Mite Tournament + Mite House (Birth Year 2012 or younger) \*Invite Only:  
2 Practices, 1 Off Ice, 1 Game: Total Contract Amount \$1,245 - Billed \$249/Month (5 months)
- Squirt (Birth Year 2009-10):  
2 Practices, 1 Game: Total Contract Amount \$1,145 - Billed \$229/Month (5 months)
- Squirt Tournament+ Pee wee House (Birth Year 2010-11) \*Invite Only:  
3 Practices, 1 Off Ice, 1 Game: Total Contract Amount \$1,645 - Billed \$329/Month (5 months)
- Pee wee (Birth Year 2007-08):  
2 Practices, 1 Game: Total Contract Amount \$1,145 - Billed \$229/Month (5 months)
- Pee wee Tournament + Pee wee House (Birth Year 2009-08) \*Invite Only:  
3 Practices, 1 Off Ice, 1 Game: Total Contract Amount \$1,645 - Billed \$329/Month (5 months)

## Payment Plan

- 1<sup>st</sup> Payment will be charged on April 15, 2020
- 2<sup>nd</sup> Payment will be charged on May 1, 2020
- 3<sup>rd</sup> Payment will be charged on June 1, 2020
- 4<sup>th</sup> Payment will be charged on July 1, 2020
- 5<sup>th</sup> Payment will be charged on August 1, 2020

**You are joining the House Hockey League which means that you are committing to the team for the ENTIRE SEASON. There will be no refunds for missed games or practices. If you choose to split your dues through our payment plan you agree to pay the entire contract amount. YOU CAN NOT CANCEL YOUR PAYMENT PLAN. The team is expecting your child to attend all, if not most of the games and practices.**

*Declined credit cards will be charged an additional \$25 if a new form of payment is not received by the 10<sup>th</sup> of the month. This is a contract for the entire season that begins 4/1/20 ends 8/25/20. Payments will not be stopped or cancelled unless there is a medical reason and only if accompanied by a doctor's letter stating that the participant cannot continue with ice hockey. No refunds or credit will be issued for non-attendance.*

**Check One:**     Visa     MasterCard     American Express     Discover

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I authorize UTC Ice to charge my credit card as stated in terms of the "Payment Plan"**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**     Auto-billing     Active Campaign     USA Hockey     Birth Certificate