



# Piranhas House Hockey Spring/Summer 2024 Season Billing Contract

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

**Check One:**

- Mite (Birth Year 2015 or younger):  
2 Practices, 1 Game Per Week: Total Contract Amount \$1,495- Billed \$299/Month (5 months)
- Squirt (Birth Year 2013-14):  
2 Practices, 1 Game Per Week: Total Contract Amount \$1,495 - Billed \$299/Month (5 months)
- Peewee (Birth Year 2012-2011):  
2 Practices, 1 Game Per Week: Total Contract Amount \$1,495 - Billed \$299/Month (5 months)
- Bantam (Birth Year 2009-2010):  
2 Practices, 1 Game Per Week: Total Contract Amount \$1,495 - Billed \$299/Month (5 months)

Monthly dues average out to be \$25 per practice/game.

## Payment Plan

- 1<sup>st</sup> Payment will be charged on April 15, 2024
- 2<sup>nd</sup> Payment will be charged on May 1, 2024
- 3<sup>rd</sup> Payment will be charged on June 1, 2024
- 4<sup>th</sup> Payment will be charged on July 1, 2024
- 5<sup>th</sup> Payment will be charged on August 1, 2024

**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 most, if not all, 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 begin 4/1/24 ends 8/31/24. 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: \_\_\_/\_\_\_/\_\_\_ CV: \_\_\_\_\_

**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