



Piranhas House Hockey Fall/Winter 2024-25 Season Billing Contract

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

Check One:

- Mite (Birth Year 2016 or younger):
2 Practices, 1 Game Per Week: Total Contract Amount \$2,093- Billed \$299/Month (7 months)
- Squirt (Birth Year 2014-15):
2 Practices, 1 Game Per Week: Total Contract Amount \$2,093- Billed \$299/Month (7 months)
- Peewee (Birth Year 2012-2013):
2 Practices, 1 Game Per Week: Total Contract Amount \$2,093- Billed \$299/Month (7 months)
- Bantam (Birth Year 2010-2011):
2 Practices, 1 Game Per Week: Total Contract Amount \$2,093- Billed \$299/Month (7 months)

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

Payment Plan

- 1st Payment will be charged on September 15, 2024
- 2nd Payment will be charged on October 1, 2024
- 3rd Payment will be charged on November 1, 2024
- 4th Payment will be charged on December 1, 2024
- 5th Payment will be charged on January 1, 2025
- 6th Payment will be charged on February 1, 2025
- 7th Payment will be charged on March 1, 2025

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 CANNOT 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 a additional \$25 if a new form of payment is not received by the 10th of the month. This is a contract for the entire season that begin 9/1/24 ends 3/31/25. 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: ___/___/___ CVV: _____

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

Signature: _____ Print Name: _____ Date: ___/___/___

Office Use Only: Auto-billing Active Campaign USA Hockey