

Grand Rapids Amateur Hockey Association Player Registration

A 501(c)(3) Charitable, Non-profit Youth Hockey Organization. Founded and Operating Since 1972.
PLAYER INFORMATION - PLEASE PRINT - FULL LEGAL NAME REQUIRED (as it appears on the birth certificate).

LEARN TO SKATE/CROSS ICE REGISTRATION FORM - Ages 3 – 13

BIRTHDATE: _____ School District: _____

LEGALNAME: _____ HOME PHONE NO.: _____
(First) (Initial) (Last)

ADDRESS: _____, MI _____
(Street) (City) (Zip Code)

(Father's Name) (Employer) (Work or Cell Phone No.)

(Mother's Name) (Employer) (Work or Cell Phone No.)

(Step-Parent if applicable) (Employer) (Work or Cell Phone No.)

GRAHA Regular Member designation: List the name of the Parent or Guardian above who shall be designated the Regular Member entitled to notice and to vote at GRAHA special and annual membership meetings.

_____ (Required)

2011-12 PROGRAM INFORMATION & MEMBERSHIP FEES Identify the Program this Player will be in for the 2011-12 Season

<u>LEARN TO SKATE</u>		<u>FEE</u>	<u>DEPOSIT</u>	<u>BALANCE</u>
_____ SESSION #1-FALL	October 1 to November 19	\$100	\$25.00	\$75.00
_____ Session #2-WINTER	January 7 to February 25	\$100	\$25.00	\$75.00
<u>CROSS ICE</u>				
_____ Cross ice 1	October 1- March 11	\$500	\$125	\$375
_____ Cross ice 2	October 1 –March 11	\$500	\$125	\$375

LOCATION: Patterson Ice Center, 2550 Patterson Ave., SE Grand Rapids

DEPOSIT PAYMENT INFORMATION **FINAL PAYMENT DUE AT THE START OF EACH SESSION**

MAKE ALL CHECKS PAYABLE TO: GRAHA MAIL REGISTRATIONS TO: GRAHA P.O. Box 559, Ada, MI 49301.
Non-refundable registration deposit is due with registration and may be made by Check, Money order or Credit Card. Amount Paid: _____ Check Number: _____ or

Credit Card: ___ Visa/ ___ MasterCard Credit Card No.: _____ Expires: _____

*(A two-percent (2%) administrative fee will be charged to payments made by credit card.)

Credit Card Authorization Signature: _____

I agree to provide all of the required information, and I understand and agree to comply with all terms and conditions herein. I consent to allow GRAHA to communicate with me via e-mail at the address provided below.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Email _____