

Payment Options:

***Cash** \$ _____

***Check** # _____ \$ _____

***Credit Card** MasterCard or Visa (circle one)
Acct Number _____ Exp. Date _____
Verification Code (3 digit # from back of card) _____
Signature to Authorize _____

***ACH Payment Plan**

1/5 of total due + \$10 fee due at registration. Four remaining payments taken on the first of November, December, January and February.

Total Cost \$ _____ divided by 5 payments = _____
+ \$10.00 fee _____
TOTAL DUE TODAY: _____

Signature to Authorize _____

****MUST INCLUDE VOIDED CHECK OR DEPOSIT SLIP****

I, the undersigned, acknowledge that Manitowoc County Youth Hockey Association (MCYHA) is a non-profit organization that relies on volunteer labor to keep costs down. I understand that MCYHA requires each participating family to perform twenty (20) volunteer work hours. I agree to work these hours. I acknowledge that I can buy out of this obligation at \$20.00 per hour or a total of \$400.00.

I also understand that this form along with all other completed registration forms and applicable fees must be on file with the MCYHA registrar before my child(ren) can participate in any MCYHA programs. **FAILURE TO COMPLETE AND RETURN REGISTRATION BY AUGUST 17, 2008 WILL RESULT IN A \$25.00 LATE FEE.**

PARENT SIGNATURE

DATE