



**SOUTHERN RHODE ISLAND
YOUTH HOCKEY ASSOCIATION**
PO Box 5142 Wakefield, RI 02880

www.SRIYHA.COM

2009-2010 FINANCIAL FORM to continue in Instructional 1

(to March)

PARENT/BILLING INFORMATION		Today's Date	____ / ____ / ____	
Name:	_____	Phone:	_____	
Address:	_____	e-mail:	_____	

PLAYER INFORMATION				
Player 1 Name _____				
New Skater:	N	Returning Skater:	Y	
DIVISION TO PARTICIPATE IN :				
Move from Learn to Skate to Instructional One Discount to \$175				
Player 2 Name _____				
New Skater:	N	Returning Skater:	Y	
DIVISION TO PARTICIPATE IN :				
Move from Learn to Skate to Instructional One Discount to \$158				

Program Fees:		Credit Card Information:		
Player 1	_____	Name on Card	_____	
Player 2	_____	Billing Address	_____	
	_____	(If different than above)	_____	
Additional Players	_____	Credit Card Type	_____	
	_____	Ver.# on back	_____	
Total	_____	Card Number	_____	
	_____	Expiration Date	_____	
Cash/CC Amount	_____	Automatic Billing	circle one	Yes No
Check #/Amount	_____			
Open Balance	_____			
		Additional Players/Division/Fee		
			/	/
			/	/