

Registration Form Team Planet Hockey USA

Please Select TOUR



Please Select TEAM

Registration Date:

PLAYER INFORMATION

Player Name _____ Date of Birth _____ Age (during Tour) _____

Address _____ City _____ State _____ Zip _____

Phone (Hm) _____ Phone (Wk) _____ Cell _____

Email Address #1 _____ Email Address #2 _____

Current Team & Level (Chicago Crush Peewee AA) _____ Height _____ Weight _____

Jersey Number (1st, 2nd & 3rd Choice): 1: _____ 2: _____ 3: _____ (Jersey numbers – first come, first served).

Confirm Last Name to appear on Back of Jersey _____ Jersey Size (Adult XS - 4XL) _____

Position _____ Shoot _____ Years of Hockey Experience: _____

Player/Family Members have has Passport?: Yes _____ No, not yet. _____

FAMILY INFORMATION

List names of ALL family members joining this Tour (Name, age, relationship to player) INCLUDING player(s):

Name	Age	Relationship	Tuition
1.			
2.			
3.			
4.			
5.			

PAYMENT INFORMATION

Number in your Party

Total Deposit (payment #1)

Deposit Due to reserve space

Enclosed is my deposit via CHECK. Check #:

Please charge my Deposit(s) to my Credit Card below (Visa or Mastercard only).

Automatically charge my balance to the above Credit Card on each payment due date.

(Type Initials)

FOR CREDIT CARD PAYMENTS ONLY (enter card number below)

Exp. Date

** If you pay by credit card, your card will automatically be charged on each payment period.

I agree to pay the above amount. Card Holder Signature (type Cardholder name)

- Payment #1 -non-refundable deposit per person to guarantee space.
- If PRIOR TO January 1st, \$500 per person. If AFTER January 1st, \$1,000 per person to guarantee space.
- Payment #2 - \$500 per person due January 1st. Payment #3 - \$500 due March 31st .
- All Balances due June 1st.
- Refunds/Cancellations: Cancellation date dictates refund amount. No refunds issued after May 15, 2009.

Office Use Notes