



IROQUOIS FALLS MINOR HOCKEY ASSOCIATION



PO BOX 335
IROQUOIS FALLS, ON P0K 1G0
www.iroquoisfallsminorhockey.ca

Player Registration Form 2017-2018 Season

First and Last Name: _____

Street Address: _____ P.O. Box _____

Town: _____ Postal Code: _____

Phone: _____ D.O.B YEAR - MONTH - DAY Age: _____

Father's Name: _____ Mother's Name: _____

Email address: _____

Have you changed address in the last year? _____

Born	Age	Division
2011, 2012, 2013, 2014	3, 4, 5 and 6	Initiation (Tykes)
2009, 2010	7 and 8	Novice
2007, 2008	9 and 10	Atom
2005, 2006	11 and 12	Peewee
2003, 2004	13 and 14	Bantam
2000, 2001, 2002	15, 16 and 17	Midget

Your child must be registered in the appropriate age division

Choose Division

_____ Initiation FREE (First time Tyke registrants in IFMHA)	_____ Novice \$425.00	_____ Bantam \$425.00
_____ Initiation \$250.00	_____ Atom \$425.00	_____ Midget \$600.00
	_____ Peewee \$425.00	

Registration can be paid in full by cash or cheque at registration or prior to September 1st.

If paying in installments, **POST DATED CHEQUES** are required at time of registration.

<u>For Initiation - \$250</u>	<u>Novice-Midget House - \$425</u>	<u>Midget Rep - \$600</u>
Sept. 1, 2016- \$100.00 (40%)	Sept. 1, 2016- \$185.00 (40%)	Sept 1, 2016- \$240.00 (40%)
Oct. 1, 2016- \$ 75.00 (30%)	Oct. 1, 2016- \$120.00 (30%)	Oct 1, 2016- \$180.00 (30%)
Nov. 1, 2016- \$ 75.00 (30%)	Nov. 1, 2016- \$120.00 (30%)	Nov 1, 2016- \$180.00 (30%)

One Team Try-out Fee of \$25 is included in Registration Fee. No refunds on try-out fees.
Rep players to pay an additional \$200.00 upon making a rep team.

IFMHA Skills Program - Cost is \$100.00 which is payable in full or by post-dated cheques.

If paying via post-dated cheques \$50 must be paid prior to first skills along with one postdated \$50 cheque for Dec. 1

Date: _____ Parent's Signature: _____

IFMHA representative must fill in this section.
Amount received: _____/xx
Received from: _____
Amount eligible for child tax credit: Full amount is available for child tax credit
Date: _____ IFMHA Signature: _____