

KAHL

2010 SUMMER LEAGUE REGISTRATION FORM

General Information

Team Name: _____
 Team Contact: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Email: _____

MONDAY **MEN 19 + (MAXIMUM 16 TEAMS) - 18 Game Schedule**
TUESDAY **MEN'S 19 + (MAXIMUM 24 TEAMS) - 20 Game Schedule**
WEDNESDAY **MEN'S 40+ (MAXIMUM 8 TEAMS) - 20 Game Schedule**
THURSDAY **MEN'S 30+ (MAXIMUM 16 TEAMS) - 18 Game Schedule**
Please Circle Your Desired Playing Night

League Fees (Monday & Thursday) _____ X \$ 2900.00

League Fees (Tuesday & Wednesday)	_____ X \$ 3200.00
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5%HST =	_____
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Subtotal =	_____
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Total Amount Due =	_____
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DEPOSIT OF \$750 MUST ACCOMPANY ORDER FORM. YOUR TEAMS REGISTRATION MUST BE CONFIRMED BY OUR LEAGUE CONVENOR. ONCE YOUR REGISTRATION HAS BEEN CONFIRMED THE BALANCE FOR YOUR TEAM WILL BE DUE IN FULL ON OR BEFORE April 1, 2010

KAHL requires your personal information to establish and service your needs as a client. With your permission, your Personal Information may be collected, used and disclosed by KAHL for the following purposes: Confirming your application information and assessing your eligibility for products or services, providing you with ongoing services, establishing and maintaining communication with you and responding to any inquiries you may have, notifying you about KAHL upcoming events and activities and to meet legal and regulatory requirements. Your consent is implied by you filling out this form. Your personal information will be kept on our files for a maximum of 2 years. To find out more about our leagues or camps please contact www.gmast@sportsworld.on.ca

I agree to abide by all Kitchener Adult Hockey League rules and to follow the guidelines of the payment schedule as follows:

If payments are not on time you will not be allowed on the ice and game is forfeited
\$750 Deposit Due on April 1, 2010 **1st Payment** **23-Apr-10**
 2nd Payment Balance **25-Jun-10**

Signed: _____

Date: _____