

BYHA PAYMENT AGREEMENT 2007-2008 SEASON

PLEASE READ CAREFULLY, SIGN AND RETURN AT REGISTRATION

In consideration of placement and participation in the Biddeford Youth Hockey Association (otherwise known as B.Y.H.A.), Level _____, Program Fee \$ _____ we hereby agree to fully comply with the following provisions, and will:

1. Make timely payments to the B.Y.H.A. according to the appropriate schedule listed below to cover all regular season practice and game ice time, skill development fees, insurance, other administrative fees, as well as applicable tournament entry fees (State, Conference or Regional tournaments only).

- a) Travel Team Deposit paid after spring tryouts.....\$ _____, ___/___/2007
- b) 50% of program fee due at fall registration \$ _____, ___/___/2007
- c) Balance of program fee due November 1st, 2007.....\$ _____, ___/___/2007

NOTE: The total program fees for the B.Y.H.A. program is based on an estimated ice rate at the Biddeford Arena next year. The final rate has been set by the City of Biddeford for the 2007/2008 season. The B.Y.H.A. rate is final, unless there are unforeseen changes to the ice rate at the Biddeford Arena or unforeseen changes to the B.Y.H.A. program.

2. Pay all fees and penalties associated with payment collections, such as a \$25 service charge for checks returned for insufficient funds, 1.5% monthly late fee for accounts past due as well as any collection costs, attorney fees, or other expenses related to the collection of your bill.

Violation of any of the above conditions will result in disciplinary action which may include immediate suspension or termination from the program as deemed appropriate by the B.Y.H.A. Board of Directors and shall be without recourse. Any monies prepaid may not be refunded and may be forfeited. Any player who is injured or otherwise becomes unable to participate in the hockey program for any reason shall not be entitled to a refund of fees paid but may request that the Board of Directors consider a partial refund on a case by case basis.

The above conditions constitute a legally enforceable obligation and by signing this agreement you are certifying that this agreement form has been read and understood and that you are voluntarily signing the agreement and will comply fully with its terms.

PLAYER: Print Name: _____

DATE: _____ PARENT/GUARDIAN: Print Name: _____

Sign Name: _____

Dan Roy, President
B.Y.H.A.
PO Box 873
Biddeford, Maine 04005

Billing Address: _____
