



2020 SUMMER TEAM REGISTRATION FORM TEAM APPLICATION



MANDATORY FORM FOR ALL TEAM ENTRIES (PLEASE PRINT CLEARLY)

TEAM INFORMATION

TEAM NAME	REGISTRATION NUMBER <small>(Administration Use ONLY)</small>
JERSEY COLOUR	ALTERNATE JERSEY COLOUR (if applicable)

TEAM REPRESENTATIVE INFORMATION

FIRST NAME	LAST NAME	
		-
STREET	CITY	POSTAL CODE
		- -
HOME PHONE NUMBER	CELL PHONE NUMBER	DATE OF BIRTH (DD/MM/YY)
EMAIL ADDRESS (for DCAHL use only - this is our PRIMARY method of communication!!)		

HISTORICAL

WHERE DID YOU PLAY LAST SUMMER SEASON?

LEAGUE NAME	LOCATION OF LEAGUE	DIV.	Didn't Play

TEAM PREFERENCES

MEN'S LEAGUE	WOMEN'S LEAGUE
<input type="checkbox"/> Sunday PM <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Monday

FINANCIAL DETAILS

NIGHT	MEN'S SUNDAY AND WOMEN'S TEAMS (MONDAY)			
	Current DCAHL Team		New DCAHL Team	
	\$3,716.81 + HST	\$3,893.81 + HST	TOTAL	\$4,400.00
MEN'S TUESDAY, WEDNESDAY, THURSDAY TEAMS				
LEVEL	Current DCAHL Team		New DCAHL Team	
	\$3,938.05 + HST	\$4,115.04 + HST	TOTAL	\$4,650.00
	All Nights of Play: 14 regular season games + 3 playoff games (minimum)			

PAYMENT TERMS FOR TEAM REGISTRATION

TEAM DEPOSIT - FEB. 1 ** NON REFUNDABLE**	\$1,000
1ST PAYMENT - MAR. 1	\$2000 OF BALANCE PAID
2ND PAYMENT - APR. 1	\$3000 OF BALANCE PAID
3RD PAYMENT - First Game	TOTAL BALANCE PAID

CREDIT CARD INFORMATION (MANDATORY)

<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	CREDIT CARD NUMBER <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> -- <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> -- <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	Expiry <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <small>Mo. Yr.</small>	CVV <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
	CARDHOLDER NAME <input style="width: 200px;" type="text"/>	SIGNATURE <input style="width: 200px;" type="text"/>	
	TRANSACTION AMOUNT <input style="width: 150px;" type="text"/>		

By signing this form, you authorize DCAHL staff to credit your card in the amount listed above ('Transaction Amount'), unless other arrangements have been made. All payments must be made prior to your first game of the season to avoid forfeit or suspension until team fees are paid.