

House “B” Requirements:

Full equipment [helmet, shoulder pads, elbow pads, breezers (pants), shin guards, stick and skates] required.

Game jerseys and matching socks will be provided.

All players and coaches are required to register with USA Hockey online. There is a \$35 registration fee. To register, go to usahockey.com and click on the “register online” banner.

Practice/Games

Squirt:

52- 1 hr shared ice practices

12- 50 minute home games

Peewee:

26- 1 hr full ice practices

26- 1.25 hr shared ice practice

13- 80 minutes home games

Bantam/Midget:

26- 1 hr full ice practices

26- 1.5 hr shared ice practices

13- 80 minute home games

Included in each registration is one Georgetown tournament fee.

Please refer any questions regarding enrollment to Joel Breazeale- Hockey Director of Georgetown Ice Center.

email- jmbhockey@sbcglobal.net

616.662.2800 extension 3

or

Mike Forbes- General Manager of Georgetown Ice Center

email- MForbes@Georgetown-MI.GOV

616.662.2800 extension 5

Please send completed registration to:

Grand Valley Amateur Hockey
Association

Attn: Joel M. Breazeale

8500 48th Ave

Hudsonville, MI 49426

GRAND VALLEY STARS

House “B” Programs

Squirt, Peewee,

Bantam, Midget



2010-2011

Grand Valley Amateur Hockey Association

Georgetown Ice Center

8500 48th Ave

Hudsonville, MI 49426

Payment Policy

Payment Schedule

The applicable deposit is due with this registration. The remaining balance is payable in full or in monthly installments, due on the first of each month, commencing on September 1, 2010. All fees must be paid in full prior to December 31, 2010. *Players will not be permitted to skate if fees remain unpaid after December 31, 2010.*

Refunds

The registration fee is non-refundable, but transferable to other in-house programs. For any skater who becomes medically unable to continue skating, annual fees will be prorated based on ice use, and any excess payment will be refunded. An incident report along with medical documentation will need to be filed in order to process any refund. If a skater withdraws for any other reason, the parents or guardians are still responsible for ALL payments that were due before the date of withdrawal, according to the payment schedule listed above.

I agree to provide all of the required information, and I understand and agree to comply with all terms and conditions herein. I have read and understand the Grand Valley Amateur Hockey Association (GVAHA) Code of Conduct and do hereby agree to comply with all the Rules of Conduct.

Deposit/Payment Information

See Player Registration for pricing. Note that a \$200 non-refundable deposit is required for all house divisions of GVAHA.

Payment Choices:

Check or Money Order: Enclosed for \$ _____
Make checks payable to Georgetown Ice Center

MasterCard/Visa

Card # _____ Exp _____

EFT Automatic payments

Name of Bank _____

Type of Account: Checking _____ Savings _____

Bank Account Number _____

Bank Routing Number _____

Authorization Signature _____ Date _____

Payment Due Dates

DUE DATE	TEAMS		
	SQUIRT	PEEWEE/ BANTAM	MIDGET BB
DEPOSIT	\$200	\$200	\$200
SEP 1, 2010	ONE THIRD BALANCE	ONE THIRD BALANCE	ONE THIRD BALANCE
OCT 1, 2010	ONE THIRD BALANCE	ONE THIRD BALANCE	ONE THIRD BALANCE
NOV 1, 2010	ONE THIRD BALANCE	ONE THIRD BALANCE	ONE THIRD BALANCE
DEC 1, 2010	REMAINING BAL. DUE.	REMAINING BAL. DUE.	REMAINING BAL. DUE.

2010-2011 Player fees:

	By 5/31/10	After 6/1/10
Squirt:	\$995	\$1095
Pee wee:	\$1485	\$1585
Bantam:	\$1550	\$1650
Midget:	\$1550	\$1650

Sign up by June 1, 2010 receive a \$100 discount on Player fees!!!

GAME GUIDELINES		
LEVEL	PROGRAM RUN DATES	TOTAL GAMES
MIDGET BB	9/1/10 TO 3/15/11	40-45
BANTAM/ PEEWEE	9/1/10 TO 3/15/11	35-40
SQUIRT	9/1/10 TO 3/15/11	30-35

2010-2011 Player Registration Form

Athlete's
Name: _____

Address: _____

Athlete's
Email: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Previous Playing Experience:

Association: _____

Level: _____

Preferred Position (circle one):

Forward Defense Goalie

Jersey Size: (circle one):

Youth L Youth XL Adult Small

Adult Med Adult Large Adult XL

Adult XXL Adult XXXL (goalie cut)

Father's Name _____

Employer _____

Work Phone (____)____-_____

Cell Phone (____)____-_____

email: _____

Mother's Name _____

Employer _____

Work Phone (____)____-_____

Cell Phone (____)____-_____

email: _____