



**ROCKFORD HOCKEY CLUB EXTENDED PAYMENT PLAN
APPLICATION**

MUST BE SUBMITTED BY JULY 1

Applicant Information

Player: _____

Parent / Guardian 1: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Address, City, Zip: _____

Parent / Guardian 2: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Address, City, Zip: _____

RHC has an extended payment plan that allows the traditional payment schedule to be extended out through June 15. Please state what you need as a payment schedule in the space provided. This will be reviewed by the Treasurer and President, and you will be notified of its acceptance or an alternate plan will be proposed.

Applicant(s) Signature: _____

Signature: _____

Send to: Rockford Hockey Club | Attn: Treasurer | P.O. Box 9152 | Rockford, IL 61126
or by email to: treasurer@rockfordhockeyclub.com