



ROCKFORD AREA HIGH SCHOOL HOCKEY, INC.
ROCKFORD LIGHTNING
EXTENDED PAYMENT PLAN APPLICATION

MUST BE SUBMITTED BY AUGUST 20th, 2026

One of RAHSH's goals is to make sure any player that shows the desire and commitment to play has the opportunity regardless of financial ability. All information provided is kept confidential.

Applicant Information

Parent/Guardian 1: _____

Cell Phone: _____

Email Address: _____

Address, City, Zip: _____

Parent/Guardian 1: _____

Cell Phone: _____

Email Address: _____

Address, City, Zip: _____

Player Name: _____

Player Name: _____

RAHSH has an extended payment plan that allows the scheduled payment plan to be extended out to May 15th. Please state what you need as a payment schedule. The Treasurer and President will review each application and notify the applicant if its acceptance or an alternate proposal.

Applicant Signature: _____

Applicant Signature (if applicable): _____

Please email to: MKieffer87@yahoo.com (Subject: RAHSH Ext Pay Plan Application)
(Please scan or take a photo of the application) by Augusth 20th, 2026