

## **Salt Lake County Adult Winter Hockey League Registration Form 2016-2017 Season**

**Games held  
Sunday Evenings at  
Acord Ice Center  
County Ice Center  
SLC Sports Complex**



The Salt Lake County Adult Winter Hockey League is by team entry only. Team managers are responsible to find players for their team and pay all team fees to the league. The league will have 4 divisions based on over all caliber of each team. The league will be sanctioned by ISI.

**REGISTER ONLINE** at [www.oldtimehockey.slco.org](http://www.oldtimehockey.slco.org) or at  
Acord Ice Center

For questions contact Chris Billeter at 385-468-1970  
email: [cbilleter@slco.org](mailto:cbilleter@slco.org)

Please see reverse side for fee and registration form.



For inclusion opportunities for people with disabilities,  
contact Ashley at 385-468-1520 or [abowen@slco.org](mailto:abowen@slco.org).



DISCOVER, VISA, MASTERCARD &  
AMERICAN EXPRESS ACCEPTED

## Registration Form

### 2016-2017 Salt Lake County Adult Winter Hockey League

**Team Registration and Payment Deadline: Friday, Sept. 2, 2016**

(If you are a returning team from the past 2015-2016 season you are guaranteed your spot as long as you register and pay by September 2, 2016, if you do not register & pay by the deadline you will lose your spot and will be considered a new team and put at the bottom of the waiting list)

**Winter Adult Hockey League Fee: \$3575.00 per team**

### TWO OPTIONS FOR PAYMENT

FULL PAYMENT

Payment in Full \$3575.00 due Friday, September 2, 2016

INSTALLMENT PAYMENT PLAN

First Payment \$1175.00 due Friday, September 2, 2016

Second Payment \$1200.00 due Friday, October 7, 2016

Third payment \$1200.00 due Friday, October 21, 2016

**If installment payment is not received on the due date listed above, the team manager will be sent to collections and the team will forfeit the remaining games.**

Register online at [www.oldtimehockey.slco.org](http://www.oldtimehockey.slco.org) or at the Acord Ice Center

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Email \_\_\_\_\_ Best Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I, as manager, accept responsibility for payment of the registration fees for the above listed hockey team and agree to pay Salt Lake County a reasonable attorney fee in the event that my account is referred to the County Attorney for Collections. Accounts 30 days past due will be turned over to the Salt Lake County Attorney for collection. If fees are not collected before the due date listed above, the team will forfeit the remaining games.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use:

Till ID:                      Payment plan: Yes No                      Amount:                      Initial:                      Date: