



**GREATER VERNON MINOR HOCKEY ASSOCIATION**

**APPLICATION FOR PAYMENT PLAN**

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Parents Name: \_\_\_\_\_

Players Name: \_\_\_\_\_

Division: \_\_\_\_\_ Recreation or Rep: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Reason you are applying for payment plan: \_\_\_\_\_ Balance Owing: \_\_\_\_\_

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Payment plan outline:

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I hereby agree to pay GVMHA hockey registration based on the plan above:

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Approval of GVMHA Director:

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