

**St. Bon's Hockey Skills Academy  
Registration 2019-2020**

**Section A – Parents**

	First Name	Last Name
<b>Mother/Legal Guardian</b>		
<b>Father/Legal Guardian</b>		

**Section B – Student**

**Students Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Surname First Name

**Position:** (Forward, Defense, Goalie, Uncertain): \_\_\_\_\_

**Describe your last two years of hockey experience, if any:** \_\_\_\_\_

**Section C – Tuition Payment Information**

Tuition for the year is **\$900** per student.

**A \$100 non-refundable deposit is due for each child attending the program no later than 4:00p.m. on Monday, September 30<sup>th</sup>, 2019.** This deposit is deductible from SBHSA tuition, but non-refundable and not transferable. A charitable receipt will not be issued for a forfeited deposit.

The remaining \$800 per student may be paid by one of the following three options. Please select the option you prefer.

**Select Payment Option**

\_\_\_\_ Option #1: Full payment of \$800 due Tuesday, October 1<sup>st</sup>, 2019. **(Postdated cheque required at registration)**

\_\_\_\_ Option #2: Two payments of \$400 – due Tuesday, October 1<sup>st</sup>, 2019 and Monday, December 2<sup>nd</sup>, 2019. **(Post dated cheques required at registration)**

\_\_\_\_ Option #3: Six monthly payments of \$133.34 commencing October 1<sup>st</sup>, 2019 through March 1<sup>st</sup>, 2020 via direct deposit only. **(Complete the attached Pre-authorized Debit (PAD) agreement and attach a void cheque if necessary.)**

**Section D: Consent & Signature**

- I hereby register my child to attend the St. Bon's Hockey Skills Academy.
- I understand the risks of participating in a physical sport and release St. Bonaventure's College from any liability should my child be injured in any way while participating in the SBHSA.
- I understand that all students are required to have full hockey equipment and will not be allowed to participate if they do not.
- I agree to pay tuition in accordance with the payment option selected and understand I will be charged a fee for any NSF payments (NSF PAD's \$5 + 1%; NSF cheques \$15)
- I am familiar with all school policies and will respect and adhere to them.
- I understand this registration will only be considered complete if all required information has been completed, the signed PAD or postdated cheques (option 1 & 2 only) have been provided and the \$100 registration deposit has been paid.
- I understand that if I choose to withdraw my child(ren) after the start of the program, all payments up to and including the month of withdrawal are non-refundable, based on the 6-month payment schedule.

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

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

**PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS  
FOR PERSONAL PAD**

**All information submitted on this form is for school use only and  
will not be distributed to any third party**

I/we authorize St. Bonaventure's College Inc. and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our St. Bonaventure's College account. Regular monthly payments will be debited to my/our account on the 1<sup>st</sup> day of each month, unless otherwise indicated, in writing. St. Bonaventure's College will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until St. Bonaventure's College Inc. has received the full balance due or until it has received written notification from me/us of its change or termination. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged. This notification must be received at least five (5) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Account Holder Name(s) : \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_  **Same info as school tuition payment**

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ FI Bank ID: \_\_\_\_\_  
(branch - 5 digits) (3 digits)

FI Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_:

*(Payors may also include a VOID cheque in lieu of completing this section)*

**Payment Schedule:**

6 month payment plan, beginning October 1<sup>st</sup>, 2019 and ending March 1<sup>st</sup>, 2020

Monthly payment amount: \_\_\_\_\_  
*(see table below for calculation)*

**AUTHORIZED SIGNATURE(S):** \_\_\_\_\_

*for any questions, please contact:*

**ST. BONAVENTURE'S COLLEGE INC.**  
**Shelley Martin, CFO**  
**2A Bonaventure Avenue**  
**St. John's, NL A1C 6B3**  
**Tel: (709) 726-0024 ext 202**  
**Email: [smartin@stbons.ca](mailto:smartin@stbons.ca)**

**WORKCHART FOR CALCULATING MONTHLY PAYMENT:**

**6-MONTH PAYMENT OPTION**

- A. Annual Tuition: \_\_\_\_\_ (A)  
B. Less Deposit: \_\_\_\_\_ (B)  
C. Net Tuition Due: \_\_\_\_\_ (C) = (A-B)  
D. Amount from C divided by 6 \_\_\_\_\_ (D) = (C/6)