Phone # for parent

PROMISSORY NOTE for payment		ETRANSFERS
		Player's Last Name: First Name/s:
I/We		promise to send e-transfers or
pay in person or	n the dates and in the amounts listed	below to gpmha3@gphockey.com until the full amount
of \$		is paid in full.
7	Total Registration	
\$	dated: dated:	, Dep
\$	dated: June 30, 2023	Dep
\$	dated: July 31, 2023	Dep
\$	dated: August 31, 2023	Dep
\$	dated: September 30, 2023	Dep
•	er is not received on the day indicate will apply. Dishonored payments w	d it will be treated as an NSF payment and a ll suspend the player's registration.
Dated at Grande	e Prairie this	(Date)
Parent: Print Name		Office: Dep
i iiiit ina	ine	
Signatur	re	