



MASCO Youth Hockey Association, Inc.

Boxford • Middleton • Topsfield

**To the Parents of:
MASCO Youth Hockey Travel Team Player (42 Game VL Schedule)**

2007-08 OCT 1st Invoice

This is payment number four of the 07-08 season for MYH. By now you have made the following payments as detailed below.

The BOD of volunteers appreciate a timely processing of this invoice as it results in as little volunteer follow-up as possible.

Season Fee for 2007-08 42 Game Schedule	\$1,950
Less 2006-07 Fundraising Credit	(\$100)
Less Deposit Paid at Tryouts	(\$150)
Less July 25th Roster Payment	(\$250)
Less August 31st Payment (if you have paid this...)	(\$300)

As of September 15th you are not eligible for participation if this August payment has not been made.

Balance Paid to Date: **(\$800)**

Balance Due to date: **\$1,150**

October 1st Payment is 50% of balance due **\$575**

November 15th Payment is remaining balance **\$575**

Total season fees only slightly increased despite the vastly superior offering and additional VL games. Please note the direct impact of fundraising on the fees. Please pitch in this season by volunteering for fundraisers such as the Masco Classic.

Please make checks payable to Masconomet Youth Hockey Association, Inc. and indicate player's name and Playing Level in the note section of the check. Levels for the coming season include Mite, Squirt, PW, Bantam & Midget.

Remit payment to the following address:

**Masconomet Youth Hockey Association, Inc.
P.O. Box 2244 Dept. #3
Lynn, MA 01903-2244**

In accordance with Masconomet Youth Hockey policies, player participation will be suspended for late payment of player fees. Alternative payment plans can be arranged by contacting your child's Level Director (see MYH website for contact information).

In accordance with Masconomet Youth Hockey policies, multi-player discounts will be applied and/or refunded after all rosters have been finalized and submitted to MA Hockey Association, anticipated to be during October.

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October 1st Payment Stub to be submitted with check for \$575.

Remit payment to the following address:

**Masconomet Youth Hockey Association, Inc.
P.O. Box 2244 Dept. #3
Lynn, MA 01903-2244**

Player Name: _____

Player Level or Team: _____

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