

**SCHOOL DISTRICT #43  
CENTENNIAL HOCKEY ACADEMY**

570 Poirier St., Coquitlam, B.C. Canada. V3J 6A8  
School 604-936-7205 Fax: 604-937-5933  
Academy Teacher: Keith Peterson email: [kpeter@sd43.bc.ca](mailto:kpeter@sd43.bc.ca)

**PACIFIC RIM HOCKEY ACADEMY  
[www.rpmhockey.com](http://www.rpmhockey.com)**

Academy Admin: [craig@rpmhockey.com](mailto:craig@rpmhockey.com)  
Registration Inquiries: [holly@rpmhockey.com](mailto:holly@rpmhockey.com)

**APPLICATION FOR ACCEPTANCE - 2019-2020 School Year**

Parent/Guardian Name: \_\_\_\_\_ Best Contact Phone # (\_\_\_\_\_)\_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Date of Birth: M\_\_\_/D\_\_\_/Y\_\_\_

Primary E-Mail for Academy correspondence **(Please Print clearly)**: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Current School: \_\_\_\_\_ Expect to be enrolling in Grade: \_\_\_ # of years playing hockey: \_\_\_ Position: \_\_\_\_\_

**Academy Fees 2019/20 - \$1320 - RPM will accept 5 payments of \$264, as a convenience to parents. Please note: these are not monthly payments but a payment plan.** Academy Payment Schedule:

<b>Payment 1</b>	<b>Deposit Due at time of Registration</b>	<b>\$264</b>	<b>(withdraw before June 30/19 – Deposit refunded)</b>
Payment 2-5	Sept 1-Dec 1	\$264	

**Any refunds after Sept 1/19, will be pro-rated based on Administrative approval.**

**No refunds after Nov 1/19.**

I will pay for this academy by:    Cheque     Visa     Master Card     American Express     e-transfer   
Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Exp \_\_\_\_\_/\_\_\_\_\_ CVC(# on back)\_\_\_\_\_

Cheques made payable to RPM. **\*Please include Students 1<sup>st</sup> and Last Name on all Cheques**

**NSF cheques are subject to a \$25 Administrative Fee.**

E-Transfer monthly payments must be sent by the 1<sup>st</sup> of each month (Sept 1-Dec 1).

**\*Please include Students 1<sup>st</sup> & Last Name and school in all etransfer messages**

Payments, Academics & Behavior not in good standing, could result in restricted participation.

**Applications without payment (deposit & post-dated payments) are not accepted.**

**The Deposit is fully refundable up to June 30/19, but a request must be made via email to [holly@rpmhockey.com](mailto:holly@rpmhockey.com) by June 30/19 to obtain a refund.**

**Administration is provided by the Pacific Rim Hockey Academy. Should your student withdraw from the academy for any reason you must email Pacific Rim Hockey Academy at [holly@rpmhockey.com](mailto:holly@rpmhockey.com) to be eligible for any refund.**

**Registrations received after Sept 10/19 – are not guaranteed Academy gear. Any students with outstanding payments will not be ordered gear.**

I have (Parent/Guardian Name) **Please print** \_\_\_\_\_ have read the above application & agree to the terms outlined. I understand it is the parent/guardian responsibility to ensure payments are in good-standing and up-to-date & failure to do so could result in restricted participation for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note your completed application and payment does not guarantee your child's acceptance to the Hockey Academy. Administration reserves the right to place students. All decisions are final and not open to appeal.**

**Administration:** (Completed by Administration)    Accepted     Not Approved     Wait List

Comments \_\_\_\_\_ Date and Time Received: \_\_\_\_\_

**Email, scan or send a photo of completed form to [holly@rpmhockey.com](mailto:holly@rpmhockey.com)**