## SCHOOL DISTRICT #43 RIVERSIDE HOCKEY ACADEMY

2215 Reeve St., Port Coquitlam, B.C. Canada. V3C 6K8

School 604-941-6053 Fax: 604-941-2639

Academy Teacher: Jeremy Neufeld email: <a href="mailto:JNeufeld@sd43.bc.ca">JNeufeld@sd43.bc.ca</a>

Email, scan or send a photo of completed form to holly@rpmhockey.com

## APPLICATION FOR ACCEPTANCE - 2020-2021 School Year

## PACIFIC RIM HOCKEY ACADEMY www.rpmhockey.com

Academy Admin: <u>craig@rpmhockey.com</u> Registration Inquiries: <u>holly@rpmhockey.com</u>

Parent/Guardian Name:	Best Contact Phone # ()	
Student's Name:	Student's Date of Birth: M/D/Y	
Primary E-Mail for Academy correspondence	ce (Please Print clearly):	
Address:	City:Postal Code:	
Current School:	Expect to be enrolling in Grade: # of years playing hockey:Position:	
Academy Fees 2020/21 - \$1320 - RPM will payments but a payment plan. Academy P Payment 1 Deposit Due at time of Re Payment 2-5 Sept 1-Dec 1	•	ot monthly
I will pay for this academy by: Visa  Card Number///	Master Card ☐ American Express ☐/	
All applications must be secured with a val	alid credit card. <mark>Applications without payment are not accepted.</mark>	
Payments, Academics & Behavior not in good The Deposit is fully refundable up to May sobtain a refund.  Administration is provided by the Pacific R the academy for any reason you must ema	ath are charged for that month. For ex: withdraw Oct 10, Oct payment is not refunded standing, could result in restricted participation.  31, 2020, but a request must be made via email to holly@rpmhockey.com by May Rim Hockey Academy. Should your student withdraw or be unable to participate a lail Pacific Rim Hockey Academy at holly@rpmhockey.com to be eligible for any restriction are not guaranteed Academy gear. Any students with outstanding payments will restricted participated and standing payments will restricted participation.	<mark>/ 31/20 to</mark> due to injury in fund.
outlined. I understand it is the parent/guard	have read the above application & agree to the rdian responsibility to ensure payments are in good-standing and up-to-date & failuring child. I understand that if I choose to withdraw my child or my child is unable to com to be eligible for a refund.	re to do so
Parent/Guardian Signature	Date	
Please note your completed application and pa right to place students. All decisions are final a	ayment does not guarantee your child's acceptance to the Hockey Academy. Administration and not open to appeal.	n reserves the
Administration: (Completed by Administrat	ation) Accepted	
Comments	Date and Time Received:	