



SHAWANO HOCKEY LEAGUE  
EXTENDED PAYMENT PLAN APPLICATION  
MUST BE SUBMITTED BEFORE NOVEMBER 30TH

**Applicant Information**

Player Name: \_\_\_\_\_

Parent / Guardian 1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

SHL has an extended payment plan that allows the traditional payment schedule to be extended until March 30th of the current season. Please state the reason why extended payments are needed and the payment amount you can afford. SHL does require a minimum \$10 per child/per month payment to keep your account active. This information will be reviewed by the league Treasurer and President, and you will be notified of its acceptance or an alternate plan will be proposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Send to:

Shawano Hockey League | Attn: President | P.O. Box 125 | Shawano WI 54166  
or by email to: [president@shawanohockey.org](mailto:president@shawanohockey.org)