

CREDIT CARD USE FORM

Name of player: _____ Team: _____
(Print clearly)

Type of Card: (please circle one) Visa Master Card

Card number: _____

Exp. Date: _____

Security Code on back of card: _____

Signature of Person named on the card: _____

Send to: Bernie Woodrow, NHAHA Treasurer
 547 Chester Dr.
 Lower Burrell, PA 15068

The North Hills Amatuer Hockey Association, AKA the Vipers/Viper Stars, has my permission to use my credit card to make the following payment(s): (please check appropriate box)

_____ **Monthly payment of fees**

_____ **Other (amount to be charged) \$_____.**

Reason for charge

