

**2014 AAU-USARS Junior Olympics – Inline Hockey
Credit Card Authorization Form**

Instructions:

- 1) Complete Form-Sign where indicated-Submit by mail or fax

Submit to:

- 1) TEAM USA HOCKEY CLUB
2409 Stout Road Suite #1 Menomonie, WI 54751
715-231-4004 (fax) or email to slapshot@wwt.net

Team Name/s-Age Division/s _____

Cardholder Name: _____

Email Address: _____ **Telephone:** _____
Cell# _____

I authorize a charge against my credit card in the following amount:
\$ _____ **Full Payment. \$895 by 5/1/14 & \$975 after 5/1/14.**
6u & 8u Divisions....\$675.00

Credit Card (check one): () MC () Visa () Discover () American Express

CardNumber: _____

Expiration Date: _____ **Security Code** _____

Billing Address (where credit card statements are sent):

Cardholder Signature _____ **Date** _____