

CALIFORNIA COUGARS PAYMENT FORM

2009-2010 COUGARS

Players Name: _____

Cardholders Name: _____

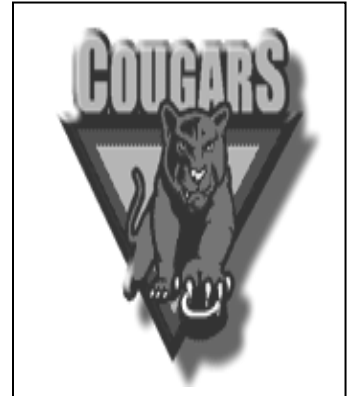
Age Level/Team Name (i.e. Bantam A): _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____



PAYMENTS IN FULL

CHECK

CASH

CREDIT CARD

Full payment (\$1,999) is required for Check or Cash payments. Please make checks payable to ICE Cougars

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WE ONLY ACCEPT VISA OR MASTER CARD PAYMENTS. THE CARD NUMBER MUST BEGIN WITH A 4 OR 5.

Card Verification Number: _____ (REQUIRED)
(3 digit number located on the back signature strip of the credit card)

Amount to Charge: \$1,999.00

Signature of Cardholder _____ Exp. Date: _____

MONTHLY PAYMENT PLAN

CREDIT CARD ONLY

Monthly payments may only be arranged with a credit card. Checks or cash payments cannot be arranged.

WE ONLY ACCEPT VISA OR MASTER CARD PAYMENTS. THE CARD NUMBER MUST BEGIN WITH A 4 OR 5.

Monthly Payment Plan: \$410.00 due upon acceptance to Cougar team
\$410.00 payment due on Commitment Day, Oct. 15, Nov. 15, Jan. 15 and Feb. 15.

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Card Verification Number: _____ (REQUIRED)
(3 digit number located on the back signature strip of the credit card)

Amount to Charge: \$410.00 per payment
Five payments total

For Payment Plan Members:

I hereby authorize the Ice Cougars to charge my credit card for each payment on, or after, each due date, as indicated above:

Signature of Cardholder _____ Exp. Date: _____

Please return the Payment Form via fax to: 650-574-4926 (Ice Center San Mateo) or via U.S. Mail to: Ice Center Cougars, 2202 Bridgepointe Parkway, San Mateo, CA 94404