

CALIFORNIA COUGARS PAYMENT FORM

“S” CUBED CAMPS (SKATING, SHOOTING, SKILLS)



Players Name: _____

Age Level/Team Name (i.e. Pee Wee): _____
(Please select the age level for the upcoming 2013/14 winter season).

Date of Birth: _____

Age Group (please select age level for upcoming 2013-14 winter season):

Mite 05-06 Squirt 03-04 Pee Wee 01-02 Bantam 99-00 Midget 16U 97-98

PLEASE PICK AS MANY AS YOU LIKE: \$75 EACH, OR TAKE ALL 6 WEEKS FOR \$375

April 15-19 April 22-26 April 29-May 3 May 6-10 May 13-17 May 20-24*

The May 20-24 week for Pee Wee and Bantam players will miss class on 5/24, so the cost for those players that week is \$50.

Mites: \$25 per week, or all 6 weeks for \$125

CHECK CASH CREDIT CARD

Please make checks payable to ICE Cougars



VISA OR MASTERCARD ONLY. CARD NUMBER MUST BEGIN WITH 4 OR 5.

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Exp. Date: _____

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

Signature of Cardholder _____

Cardholders Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

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