

CALIFORNIA COUGARS PAYMENT FORM

2013 SUMMER TOURNAMENT COUGAR TEAM



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: _____

PLEASE PICK ONE:

- Mite 05-06 Squirt 03-04 Pee Wee 01-02 Bantam 99-00 Midget 16U 97-98
 GSE 2000 AA

PAYMENTS – 479.99

- 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

Includes jersey, socks, tournament fees, coaches stipend and travel costs