

CALIFORNIA COUGARS

2012 SUMMER TEAM SELECTION REGISTRATION



Players Name: _____

Age Level 2012/13 Season (e.g. pee wee): _____

Date of Birth: _____

Past 2011/12 Winter Team: _____

Please attend the team selection session for the age level in the upcoming 2012/13 winter season.

PLEASE PICK ONE:

BOTH TOURNAMENT TEAMS

MEMORIAL DAY TOURNAMENT ONLY

JULY 4th TOURNAMENT ONLY

Total Cost: \$10.00 CHECK CREDIT CARD CASH

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

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Expiration Date: _____ (REQUIRED)

Cardholders Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Card Verification Number: _____ (REQUIRED) Amount to Charge: \$10
 (3 digit number located on the back signature strip of the credit card)

I hereby authorize the Ice Cougars to charge my credit card for the amount indicated above:

Signature of Cardholder _____