

CALIFORNIA COUGARS 2013 MEMORIAL DAY TOURNAMENT TEAM SELECTION REGISTRATION

Players Name: _____

Age Level 2013/14 Season (e.g. pee wee): _____

Date of Birth: _____

Past 2012/13 Winter Team: _____

Please attend the team selection session for the age level in the upcoming 2013/14 winter season.

2012-2013 USAH Confirmation #: _____

All players must be registered with USA Hockey



PLEASE PICK ONE:

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

GSE 2000 AA GSE Midget 16 AAA (includes Chi-Town tournament team in April)

Total Cost: \$25.00 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: \$25
(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 _____