



CREDIT CARD USE FORM

Name of player _____ Team _____
(Print clearly)

Type of Card (circle one) Visa Master Card

Card number: _____

Exp. Date: _____

Security Code (on back of card): _____

Signature of Person named on the card: _____

Send to: Bernie Woodrow, NHAHA Treasurer
 547 Chester Dr.
 Lower Burrell, PA 15068

The North Hills Amateur Hockey Association, AKA the Vipers/Viper Stars, has my permission to use my credit card to make the following payment(s):

_____ Monthly payment of fees

_____ Other Amount to be charged: \$_____.

Reason for charge:

