



MC VISA DISCOVER

(CIRCLE ONE CARD ONLY)



PAYMENT PLAN

NAME OF PLAYER: _____

BIRTH YEAR: _____

LEVEL: _____

REGISTRATION - - PAYMENT #1

DUE 3/31/2011

\$500.00

FOR USE WITH CREDIT CARD PAYMENT ONLY
COMPLETE FORM ON LEFT

Signature: _____

ALSO FOR USE FOR PAYMENTS AFTER INITIAL REGISTRATION FEE OF \$500

I hereby authorize the **Quakers Ice Hockey Club** to charge my fees on or about the 1st day of each of the months of June, July and August to properly pay in full the membership fee for my player named above.
Please charge to the following credit card:

(Please remember to PRINT)

Card #: _____ Exp. Date: _____

Exact Name on Card: _____ Security Code: _____
(3 digit code - on back of card)

Address Card Billed To: _____ Address _____

City _____ State _____ Zip _____

CARD HOLDER'S EMAIL: _____

CARDHOLDER'S CONTACT #: _____

MAIL PAYMENT TO: Barbara Larmer, 1311 Farren Lane, West Chester, PA 19380
(Quakers Treasurer)

Signature: _____

JUNE 1, 2011 - - PAYMENT #2

\$ _____

FOR USE WITH CREDIT CARD PAYMENT ONLY
COMPLETE FORM ON LEFT

Signature: _____

JULY 1, 2011 - - PAYMENT #3

\$ _____

FOR USE WITH CREDIT CARD PAYMENT ONLY
COMPLETE FORM ON LEFT

Signature: _____

AUGUST 3, 2011 - - FINAL PAYMENT

\$ _____

FOR USE WITH CREDIT CARD PAYMENT ONLY
COMPLETE FORM ON LEFT

Signature: _____