



Cape Cod Waves Girls Ice Hockey Inc.

**PO Box 1467
South Dennis, MA 02660
Fax 508-294-4528**

Credit Card Payment Form

Processing by fax or mail only, no phone or verbal payments will be processed

BILLING INFORMATION — Please print clearly

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Phone Number: (h) _____ (c) _____

Email Address (for receipt): _____

Card Type (please circle one): VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date (MM/YY): _ _ / _ _

Player's Name: _____

(Please submit one form per player, if you have multiple players)

Amount: \$ _ _ _ . _ _ _

Signature: _____ Date: _____

By signing above, you authorize the Cape Cod Waves Girls Ice Hockey Inc. to card your account as indicated above.

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Any questions please email k.cheverie@yahoo.com**