

Vail Mountaineer Hockey Club Uniform Security Deposit Form

Please complete this form and return to the Team Manager once teams have been formed.

Player Name:	Player Level:
Parent(s) Name(s):	
Please complete this form in its entirety and return to	o your Team Manager.
Please make the appropriate selection:	
Attached is a check dated March 31, Club, for the amount of \$250, and hereby aut failure to abide by the Uniform Security Depo	·
I have completed the credit card authorize the Vail Mountaineer Hockey Club tabide by the Uniform Security Deposit policy.	to process a \$250 charge, for failure to
I understand and agree this check or credit card auth related uniform pieces.	orization form will be shredded upon return of all



Vail Mountaineer Hockey Club Uniform Security Deposit Credit Card Authorization Form

{All information will remain confidential.}

Cardholder Name:				
Billing Address:				
Credit Card Type:		O MasterCard		Express
		- Widdel Gard		ZAPTOO
Expiration Date:	/	-		
Card Identification	Number (3	-digits on the back	of the card): _	
Amount to charge:	\$250.00 (\	JSD)		
above to my credit understand that if	card in acc this charge will pay fo	cordance with the U	Jniform Securit not be proces	sed until after March 31
Cardholder: Print n	name, sign,	and date below:		
Signature:				
Date:				
Drint Namo:				