



TEAM PAYMENT

Scholastic: \$175 (If tryout fee paid)

Add \$50 to the fee if tryout fee was not paid.

1997 and Younger: \$150 (If tryout fee paid)

Add \$50 to the fee if tryout fee has not been paid.

2001 and Younger: \$50 total fee, includes tryout.

Payment by cash, check or credit card (This form can be faxed to 973 - 812-8086 or mailed to GSG 1113 McBride Avenue West Paterson, NJ 07424)

Player's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Email Address: _____

Payment Method and amount:

Credit Card (MC or Visa ONLY)

I authorize \$ _____ to be charged to my MasterCard () or VISA ().

Credit Card Number: _____ Exp Date: _____

Name on Card: _____

Signed: _____ Date: _____

Please note: The charge will appear on your bill as Mid-Atlantic Amateur Hockey Association.

Any questions about your credit card charge should be directed to
gsgicehockey@msn.com