



TRYOUT PAYMENT

\$35 if pre-registered on-line, \$50 at check-in

Payment by credit card (This form can be faxed to 973-812-8086 or brought to the tryout)

Player's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home 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:
Nancy Hughes 973-256-4332