



CREDIT CARD AUTHORIZATION FORM

West Hartford Youth Hockey Association
P. O. Box 270695
West Hartford, CT 06127

I, _____, hereby authorize **WEST HARTFORD YOUTH HOCKEY ASSOCIATION**(WHYHA) to charge my credit card account in the amount of \$ _____, for participation of _____ with WHYHA _____ team.
(player name) (team name)

VISA

MasterCard

Credit Card Number _____

Exp. Date _____/_____

CVV Code _____*

Credit Card Billing Address:

Street _____

City _____, State _____, Zip Code _____

Telephone: (_____) _____

e-mail: _____

Cardholder's Signature

_____/_____/2008
Date

* Card Verification Code (CVV) is the 3 digit code on the back of your credit card.