

# PAYMENT FORM



PLAYER'S NAME \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Check or Money Order (payable to Suburban Ice-Farmington Hills) enclosed

Visa  MasterCard  Discover  AmEx CVV2 # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card # \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

*Signature of Cardholder*

*If the credit card billing address is different than the address above, please indicate complete credit card billing address on reverse side of this form.*

Mail payment to: SUBURBAN ICE-FARMINGTON HILLS • 23996 FreewayPark Drive • Farmington Hills, MI 48335 • (248) 888-1400 • (248) 888-9868 Fax

PROGRAM **Suburban FUNDamental Hockey**

LEVEL / AGE GROUP \_\_\_\_\_

PAYMENT AMOUNT .... \$ \_\_\_\_\_

FOR OFFICE USE ONLY	
Taken By _____	_____
Date ____/____/____	Time _____
Check # _____	_____

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