



Salt Creek Park District
530 S. Williams Avenue
Palatine, IL 60074
847-259-6890



HOCKEY PAYMENT
TEAM DEPOSIT \$500
DUE DATE: _____

Office Use Only

Code: _____ League: _____

League Fee: _____

Attention Team Captain - Please complete the following:

TEAM NAME: _____

Captain Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

PAYMENT METHOD: *circle one*

CASH **CHECK #** _____ (make checks payable to Salt Creek Park District)

CREDIT CARD Visa___ MasterCard___ Discover___ AMEX___

Name as it appears on card: _____

Signature to approve use: _____

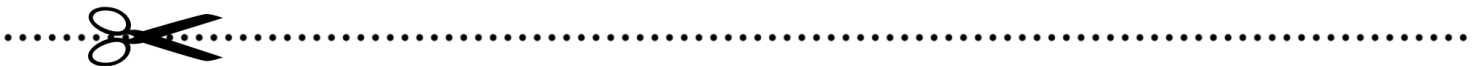
Office Use Only

Payment 1 _____

Payment 2 _____

Check here ___ if would you like us to securely store this credit card number for your final payment.

Check here ___ if you will be dropping off or calling in your final payment on the day before your third game.



This portion will be shredded after payment is processed.

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____