

## **Vail Mountaineer Hockey Club**

## **Uniform Security Deposit Form**

Please complete this form once you have registered your player with the VMHC.

Player Name:	Player Level:
Parent(s) Name(s):	
Please complete this form in its entirety, ar	nd return to your Team Manager.
Please make the appropriate selection:	
· · · · · · · · · · · · · · · · · · ·	arch 31, 2020, payable to Vail Mountaineer Hockey ereby authorizes the Club to process this check for rity Deposit policy.
•	card authorization information below, and hereby sey Club to process a \$150 charge, for failure to it policy.
I understand and agree this check or credit related uniform pieces.	card authorization form will be shredded upon return of all



## Vail Mountaineer Hockey Club Uniform Security Deposit Credit Card Authorization Form

{All information will remain confidential.}

Cardholder Name:	
Billing Address:	
Credit Card Type: O Visa O MasterCard O American Express	
Credit Card Number:	
Expiration Date:/	
Card Identification Number (3-digits on the back of the card):	_
Amount to charge: \$150.00 (USD)	
I authorize Vail Mountaineer Hockey Club (VMHC) to charge the agreed a above to my credit card in accordance with the Uniform Security Deposit understand that if this charge is processed, it will not be processed until a 2020. I agree that I will pay for this purchase in accordance with the issui cardholder agreement.	policy. I after March 31
Cardholder: Print name, sign, and date below:	
Signature:	
Date:	
Print Name:	