

FOR INITIAL PAYMENT:
THUNDER YOUTH HOCKEY, INC
BETHLEHEM BLAST®

For your convenience, the Bethlehem Blast can apply your payments to the following credit cards. To take advantage of this, simply complete the following form and return it to the address indicated

You can also have a one time charge to your credit card for the entire season fee amount. On the "Charge Amount" line, note the amount for the credit card payment.

VISA ___ MASTERCARD ___ DISCOVER ___ EXPIRATION DATE _____ CHARGE AMOUNT: _____

Credit Card Verification # (3 digit # found in the signature area of credit card) _____

CARDHOLDER'S NAME: _____ Zip Code _____

ACCOUNT NUMBER: _____

JUNE 15, 2010 PAYMENT DATE – Date charge will be applied to credit card.

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

Mail all completed Season Fee credit card payment forms to:

Bethlehem Blast, Attn: Treasurer, PO Box 1512, Bethlehem, PA 18016-1512

FOR SUBSEQUENT PAYMENTS:
THUNDER YOUTH HOCKEY, INC
BETHLEHEM BLAST®

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Credit Card Verification # (3 digit # found in the signature area of credit card) _____

CARDHOLDER'S NAME: _____ Zip Code _____

ACCOUNT NUMBER: _____

JULY 15, 2010 PAYMENT DATE – Date charge will be applied to credit card.

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

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Credit Card Verification # (3 digit # found in the signature area of credit card) _____

CARDHOLDER'S NAME: _____ Zip Code _____

ACCOUNT NUMBER: _____

AUGUST 15, 2010 PAYMENT DATE - Date charge will be applied to credit card.

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

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Credit Card Verification # (3 digit # found in the signature area of credit card) _____

CARDHOLDER'S NAME: _____ Zip Code _____

ACCOUNT NUMBER: _____

SEPTEMBER 15, 2010 PAYMENT DATE– Date charge will be applied to credit card.

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

Mail all completed Season Fee credit card payment forms to:

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