



CHILLIWACK  
**BRUINS**  
MINOR HOCKEY

**Chilliwack Minor Hockey Association**

5725 Tyson Road, Chilliwack, BC V2R 2L1

**Mailing Address**

P.O. Box 2416 Station Sardis Main, Chilliwack, BC V2R 1A7

Tel: 604-858-6031

E-Mail: [info@chilliwackminorhockey.com](mailto:info@chilliwackminorhockey.com) / Web Site: [www.chilliwackminorhockey.com](http://www.chilliwackminorhockey.com)

## Jersey Deposit Credit Card Authorization

|                        |  |
|------------------------|--|
| Date:                  |  |
| Jersey Deposit Amount: |  |
| Childs Name:           |  |
| Division:              |  |
| Team:                  |  |
| Jersey Number:         |  |

|                      |  |
|----------------------|--|
| Credit Card Type:    |  |
| Name on Credit Card: |  |
| Number:              |  |
| Expiry:              |  |
| CVC:                 |  |

I \_\_\_\_\_ am giving permission for the Chilliwack Minor Hockey Association to process a charge for the amount of \$150 (\$75.00 per jersey) if I do not return mine back to the team/association.

Signature: \_\_\_\_\_

