

ONOWAY MINOR HOCKEY ASSOCIATION 2018-2019
Volunteer Commitment Pre-Authorized Credit Card Form

Family Last Name: _____

Given Name(s): _____

Player(s) Name(s): _____

Credit Card Authorization

I _____ hereby authorize Onoway Minor Hockey Association (OMHA) to charge my credit card (listed below) \$ 300 a shift in lieu of volunteering during the 2018-2019 OMHA season.

I understand that I have to volunteer two – four hour shifts in the concession (1-Weekday/1-Weekend) for each player registered. Credit Card payments will be processed a day after if a volunteer concession shift has not been met.

Credit Card Type (please circle one): VISA MASTERCARD

Cardholder Name: _____

Cardholder Phone #: _____ Email: _____

Credit Card #: _____

Expiry Date: Month _____ Year _____

CVD# (on back of card): _____

Authorized Signature: _____ Date: _____

Concession Shift:

Date, Time and Player: _____

Date, Time and Player: _____

Date, Time and Player: _____

Date, Time and Player: _____