

Credit Card Payment

Return with online receipt to:
Cole Harbour Bel Ayr Minor Hockey
Box 15, Dartmouth, NS, B2W 6C6

Visa

MasterCard

American Express

Credit Card # _____

Expiry Date: _____

Print Name: _____
(As it appears on the card)

Player Name _____ Registration Amount: _____

Player Name _____ Registration Amount: _____

Player Name _____ Registration Amount: _____

Player Name _____ Registration Amount: _____

Total: _____

Signature: _____