



Santa Rosa Junior Hockey Club
1667 W. Steele Lane
Santa Rosa, CA 95403
[Email: treasurer@santarosaflyers.org](mailto:treasurer@santarosaflyers.org)

SRJHC Credit Card Payment

Completion of this form will allow payment via credit card. Please enter information completely and clearly.

Player's Name: _____

Purpose (Tryouts, House Registration, Travel Dues, etc.): _____

Amount to Charge: _____

Recurring Payment (Would you like this to happen monthly)? ____ [Y/N]

If so, how many payments? _____

Recurring payments are scheduled on the 15th of each month.

Special Instructions: _____

Method of Payment: (check one)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Card #: _____	CVV: _____ (3 or 4 digit security code)		
Name: _____			
Billing Address: _____			
Signature: _____	Exp: _____ (MM/YYYY)		

Please deposit this form, in an envelope, in the Santa Rosa Junior Hockey Club payment box located at the ticket office / cashier window at the rink.