



Jersey Deposit Credit Card Authorization Form

Chilliwack Minor Lacrosse Association

PO Box 2046 Sardis Station Main Chilliwack, BC V2R 1A5

Player Name _____

Division _____

Team _____

Jersey Number _____

Credit Card Type MasterCard
 Visa

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVC Code _____

In the event that I do not return the association pinny/jerseys by the required deadline,
I hereby authorize Chilliwack Minor Lacrosse Association to bill the credit card listed above
in the amount listed below.

_____ Mini Tyke Pinny (1) - \$50.00 plus \$5.00 credit card processing fee

_____ Tyke-16U Jerseys (2) - \$100.00 plus \$5.00 credit card processing fee

Signature