



Credit Card Authorization

Team Name: _____ **Athlete:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

MasterCard, VISA, or Discover (we do NOT accept American Express)

Name on Card: _____

Card Number: _____ **Exp. Date:** _____

CVV number: _____ **Billing Zip:** _____

Signature: _____

I authorize payments for the following dates: (check all that apply)

Date _____ ☐ **Amount to be charged \$** _____

Date _____ ☐ **Amount to be charged \$** _____

Date _____ ☐ **Amount to be charged \$** _____