



## Credit Card Authorization

Team Name: \_\_\_\_\_

Athlete: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

MasterCard or VISA (please circle one)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

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

November 30, 2010

December 17, 2010

January 21, 2011

February 18, 2011

March 18, 2011