



## 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)

\_\_\_ December 1<sup>st</sup>, 2009

\_\_\_ December 18<sup>th</sup>, 2009

\_\_\_ January 19<sup>th</sup>, 2010

\_\_\_ February 19<sup>th</sup>, 2010

\_\_\_ March 16<sup>th</sup>, 2010