



**CREDIT CARD AUTHORIZATION FORM**

Athlete's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Credit Card (circle one): .....MasterCard .....Visa

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

Credit Card Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Billing Address for Credit Card:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Card Holder's Signature of Authorization: \_\_\_\_\_