



CREDIT CARD AUTHORIZATION FORM

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

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

Credit Card (Check Box):  Visa  Mastercard

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

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

Billing Address for Credit Card:

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

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

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

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

I, \_\_\_\_\_, authorize Game Point Volleyball to charge the above credit card the agreed upon monthly charge for the balance of my dues.

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

