

**Credit Card Authorization form for 305 VOLLEYBALL CLUB**

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

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

Credit Card: ..........Mastercard...........Visa ...........AMEX........... Other (\_\_\_\_\_\_\_\_\_\_)

Amount to charge for the monthly payment of: \_\_\_ National Team, \_\_\_ State Team, \_\_\_\_ Regional Team, \_\_\_\_ Clinics Program, \_\_\_\_ Other (\_\_\_\_\_\_\_\_\_\_\_\_).

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

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

Billing Address for Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder's Signature of Authorization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize 305 Volleyball Club to charge the card and amount according to the information listed. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that proper security measures will be used to keep this information confidential.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_