

CREDIT CARD PAYMENT FORM



Team Name _____

Event Date _____ Division _____

Type of Credit Card (circle) Visa MasterCard

Credit Card # _____

Exp. Date _____ CVS# _____ Amount To Charge \$ _____

Print Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder's Signature _____ Date _____

The Credit Card used must be in the name of the Gym, School, or the Contact Person.
Complete the form in full and submit along with your Registration Form and Team Waiver

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