



CREDIT CARD AUTHORIZATION

DATE: _____

COACH: _____ DIVISION: _____

CHILD'S NAME: _____

REGISTRATION FEE:\$ _____ UNIFORM FEE:\$ _____ TOURNAMENT FEE:\$ _____

CARDHOLDER'S NAME: _____

CARD NUMBER: _____

EXP DATE: _____ SECURITY CODE (3 DIGITS / 4 DIGITS AMEX): _____

BILLING ZIP CODE: _____

I declare that the information that I have provided on this credit card authorization form is true and correct and that I am the legal cardholder. I hereby authorize Simi Valley Youth Soccer League to charge the above credit card for payment of the amounts indicated above.

Signature of Cardholder

Date