



Credit Card Authorization Form

I need to:

Player Name*

Guardian Name*

Guardian Date of Birth*

Guardian Phone Number*

Guardian Email*

Payment Details

How would you like to make payments?

Monthly Payments

Pay Remaining Balance

Card Number*

EXP-

CVV-

Name on Card*

Billing Address*

City*

State*

Zip*

➡ I, authorize payment to be drafted on the card above.

Yes, I authorize.

Signature

Date