SCARBOROUGH BLIZZARD YOUTH SOCCER CLUB
Credit Card Authorization Form

Use this form to pay for Outdoor or Indoor Registrations, Clinics or Sponsorships.

This form must be signed and attached to the appropriate registration or sponsorship form.

Full Name (as it appears on the credit card)

Credit Card Type (Check One)

Visa ☐

Master Card ☐

Credit Card Number:

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Expiry Date: ☐☐☐☐

M M Y Y

I, _____ hereby grant authorization to the Scarborough Blizzard Youth Soccer Club to charge my credit card for the amount of $_____ for registration, clinics or sponsorship for the 2009 _____ season. I acknowledge I have read the registration, clinic or sponsorship form.

Player's Full Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Received By: _____Rep/Select or HL Team: _____

Visa/MC Authorization #: _____ Amount Billed: $_____

Season: _____ Date: _____