



Credit Card Authorization Payment Form

_____	_____	_____
Child/Athlete's Last Name	Child's First Name	Middle
_____	_____	_____
Class or TEAM	Amount of Payment	Date
_____	_____	_____
Credit Card #	_____	Type
_____	_____	_____
Exp. Date	_____	Sec. Code
_____	_____	_____
Address _____	_____	_____
Street	City	Zip Code
_____	_____	_____
Phone Number	Phone Number	_____
_____	_____	_____
Mother's Name	Father's Name	_____
_____	_____	_____

Credit Card Payment Authorization Acknowledgment

I authorize Team OC to charge my child/athlete's Team fees to my credit card. I have read, reviewed, fully understand, and voluntarily consent to the terms and conditions as set forth in the Payment Authorization Form.

Print Child/Athlete's Name _____ Relationship to Child _____

Parent/Legal Guardian Signature _____ Date _____

Office Use Only

Registration Fee\$ _____ Renew _____ New _____

MasterCard VISA Amex CA CK# _____ Other Fees _____ Initial _____ Database _____