

Varsity All Stars

Credit Card Authorization

Organization Name: _____

Name of Event: _____

Note: Many credit cards feature charge limits as a security precaution. Please be sure your credit card company will accept the amount you wish to charge. If you need to split up your charge over multiple days, please make a note about that below.

Special Instructions: (Please include your Invoice Number if paying on an existing registration/balance)

Ex. Due to credit card charge limits, please charge \$1000 on Oct 1, \$1000 on Oct 15, \$1000 on Nov 1, etc. (to meet the balance due by the deadline.)

Cardholder's Name: _____

Cardholder's Email Address: _____

Cardholder's Phone Number: _____

Cardholder's Billing Address: _____

City/State/Zip: _____

Credit Card Number: xxxx-xxxx-xxxx- _____

only provide the last 4 digits – call 352.240.2134 / 352.727.7562 to provide full card number

Expiration Date: _____

Amount to be Charged: \$ _____

I, _____, authorize Varsity All Star to charge the above listed credit card for the amount listed above. By signing below, I agree that I am authorized to make charges to the above listed credit card. Furthermore, I have read, understood, and agree to the "Cancellations & Refunds" policy listed on the brands' website. I agree that all fees must be paid to attend the competition and that there will be no refunds for any reason after the balance due date listed for the event, including but not limited to my disagreement with the results of the competition.

Cardholder's Signature:

Date: