



LAVA Credit Card Authorization Form

Player Name: _____ Team: _____

Parent Name: _____ Phone: _____

Parent Email: _____

Mailing Address: _____
(HOME)

City: _____ State: _____ Zipcode: _____

Credit Card
Billing Address: _____
(If different than home)

City: _____ State: _____ Zipcode: _____

Credit Card Type: VISA Master Card (circle one)

Credit Card Number: _____ Expiration
Date: _____

CC Code on Back: _____

Amount to be
charged: \$ _____

I hereby authorize LAVA Volleyball to charge my credit card the exact amount listed above to cover expenses incurred during the 2005-2006 club volleyball season.

Signed: _____ Date: _____

You will need a new form every time you want to use your credit card.