



FC Pride Soccer Club

CREDIT CARD AUTHORIZATION FORM

Player Full Name: _____

Age : U-_____ Gender: B G (circle one)

Parent Full Name: _____

Credit Cardholder Full Name: _____

Cardholder Signature: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: _____ Circle one: Visa MasterCard

Credit Card Number: _____

Exp. Date: _____ CSV#: _____

FC Pride Soccer Club will charge your credit card the appropriate deposit (\$400 U11-U17 or \$200 U8-U10) upon receipt of this form at team registration.

By agreeing to this form and your signature above you are authorizing FC Pride Soccer Club to charge your credit card on or before the 5th of each scheduled month the amount designated to be charged. You have agreed to the payment plan as described in the documents you received.

By agreeing to this form and your signature above you have completely read FC Pride Soccer Club's refund and injury policy.

In event your credit card is denied at any point your child's playing privilege will be suspended until all balances are current.