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CREDIT CARD AUTHORIZATION (PLEASE PRINT)

Event name: _____ Event Date: _____

Tournament Date: _____ Amount Due: \$ _____

Type of Credit Card: VISA MASTERCARD

Credit Cards #: _____ Exp. Date: _____

Number of back of Card: # _____ (Last 3 digits)

Name on Card: _____ Todays Date: _____

Company (if applicable): _____

Address: _____ Tel: _____

City/State: _____ Zip: _____

*Plus any applicable shipping charges not already quoted: \$ _____

Signature _____ Date: _____

e-mail address: _____

TOTAL AMT DUE: _____

FAX TO: 602-274-2120