



HALTON HAWKS FC

Credit Card Authorization Form

Use this form to pay for outdoor or indoor registrations, clinics, or sponsorships

This form must be signed and faxed or emailed along with the appropriate registration, clinic, or sponsorship form

Name (as it appears on the credit card)

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Credit Card Type (Check One)

Visa
 Master Card

Credit Card Number

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CVC:

Expiry Date:

MMYY

I, _____ hereby grant authorization to Halton Hawks FC to charge my credit card for the appropriate amount for registration, clinics, or sponsorship. I acknowledge I have read the registration, clinic, or sponsorship form.

Signature: _____

Date: _____

Player to be Registered: _____

Program: _____

Amount to be Charged: _____