



PAYMENT 2010-2011

Dedication · Passion · Professionalism

******THIS FORM IS REQUIRED UNLESS FULL PAYMENT IS MADE TODAY******

THIS FORM GOES DIRECTLY TO THE BOOKKEEPER. NO COPIES WILL BE MADE. NO CARD NUMBERS WILL BE USED OVER INTERNET. THE INFORMATION WILL BE SHREDED UPON COMPLETION OF THE 2010-2011 SOCCER YEAR. THANK YOU.

PLAYER NAME TEAM

SEND STATEMENTS TO EMAIL ADDRESS:

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE - CARD TYPE MASTER VISA

Check One:

- CREDIT CARD CHARGE ACCORDING TO THE FEE PLAN
- I PREFER TO PAY BY CHECK OR CASH ACCORDING TO THE FEE PLAN – HOWEVER IF PAYMENT IS NOT RECEIVED WITHIN 15 DAYS OF THE DATE DUE I GIVE MY PERMISSION FOR CAMPTON UNITED SOCCER CLUB TO CHARGE MY CREDIT CARD ACCORDING TO THE INFORMATION GIVEN ABOVE.

I authorize Campton United to charge extra tournaments, hotel reservations, uniform purchases, camptonwear purchases upon my request or their notification of such charge.

The credit card information above is accurate and current. I authorize Campton United Soccer Club to charge my account as I have indicated above.

Print Name Sign Date

DEPOSIT	
UNIFORM	
TOTAL DUE TODAY	