

Credit Card Authorization Form
(Please note that we only accept Visa or MasterCard)

I _____ hereby give the Connecticut Sports Center permission to
(Print Name)
charge my credit card for any balance up to the total amount of **\$750** for team

_____ if the required registration fee is not paid in full by the start
(Team Name)
of our second game.

Sign Name: _____ **Date:** _____

Credit Card Payment

Visa__ M/C__ Name on Card _____

CC# _____ Exp _____

Sec Code _____ Signature _____

Connecticut Sports Center (LLC)
21 South Bradley Rd.
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