

SOUTH CHEROKEE BASEBALL CC AUTHORIZATION

SPONSOR NAME/COMPANY:

SPONSOR EMAIL:

TEAM INFO (AGE GROUP, TEAM NAME, HEAD COACH):

CARDHOLDER NAME:

APPROVED AMOUNT:

CREDIT CARD NUMBER:

EXP. MM/YY:

CVV:

BILLING ZIP CODE:

TODAY'S DATE: _____

Email completed form to samueltturnerlee@gmail.com