

2019-2020 Winter Training Programs

Credit Card Authorization Form (Hawken & WRA)

Email to: clefhc@gmail.com

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

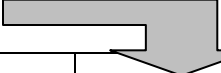
Account Number: _____ Expiration Date: _____ Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____ Order/Invoice Number: _____


Pay in Full - Check One Box Only



Program Name	Cost	Credit Card Fee	Total Today
Grade 5-6 @Hawken	\$ 275.00	4%	\$286 <input type="checkbox"/>
Grade 7-8 @Hawken	\$ 375.00	4%	\$390 <input type="checkbox"/>
Grade 9-12 @Hawken	\$ 475.00	4%	\$494 <input type="checkbox"/>
Grade 5-6 @WRA	\$ 200.00	4%	\$208 <input type="checkbox"/>
Grade 7-8 @WRA	\$ 200.00	4%	\$208 <input type="checkbox"/>
Grade 9-12 @WRA	\$ 375.00	4%	\$390 <input type="checkbox"/>

Installment Plan - pay half now/half later at date indicated

Check Two Boxes



	Cost	Credit Card Fee	Total Today
Grade 5-6 @Hawken	\$ 275.00	4%	\$143 <input type="checkbox"/>
Grade 7-8 @Hawken	\$ 375.00	4%	\$195 <input type="checkbox"/>
Grade 9-12 @Hawken	\$ 475.00	4%	\$247 <input type="checkbox"/>
Grade 9-12 @WRA	\$ 375.00	4%	\$195 <input type="checkbox"/>
			Total on January 25
Grade 5-6 @Hawken	\$ 275.00	4%	\$143 <input type="checkbox"/>
Grade 7-8 @Hawken	\$ 375.00	4%	\$195 <input type="checkbox"/>
Grade 9-12 @Hawken	\$ 475.00	4%	\$247 <input type="checkbox"/>
Grade 9-12 @WRA	\$ 375.00	4%	\$195 <input type="checkbox"/>

Being the cardholder for the above debit or credit card, I understand and agree to the terms of this Authorization, agree to pay and specifically authorize Ahyodha Kishna and/or Cleveland Field Hockey Club, LLC to charge my debit or credit card for services provided. I further agree that in the event my debit or credit card becomes invalid, I will provide a new debit or credit card upon request, to be charged for the payment of any outstanding balance owed. I confirm that I have received the services contemplated by this Authorization.

Signed: _____

Date: _____