

2021 Spring Training Program

Credit Card Authorization Form

Email to: clefhc@gmail.com

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

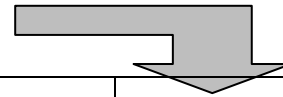
Account Number: _____ Expiration Date: _____ Security Code: _____

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 |
|------------------------|----------|-----------------|--------------------------------|
| High School Platinum | \$200.00 | 4% | \$208 <input type="checkbox"/> |
| High School Pick 5 | \$150.00 | 4% | \$156 <input type="checkbox"/> |
| Middle School Platinum | \$200.00 | 4% | \$208 <input type="checkbox"/> |
| Middle School Pick 5 | \$150.00 | 4% | \$156 <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: _____