



## 2020 OUTDOOR CREDIT CARD AUTHORIZATION

PO Box 852 11151 Keele St., Maple, ON, L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

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### ALL BELOW FIELDS MUST BE FILLED OUT

I, the undersigned authorize the Vaughan Soccer Club Inc., to charge my credit card as listed below the sum of \$ \_\_\_\_\_

**I will not dispute this charge at any time.**

Visa \_\_\_\_\_

Mastercard \_\_\_\_\_

Account # \_\_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_  
MM YY

3 Digit Security # \_\_\_\_\_  
(this number is found on the back of the credit card)

Name (as it appears on the Card) \_\_\_\_\_  
*Please Print*

Name of Player(s) Being Registered:

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*Please Print Clearly*

\_\_\_\_\_  
Signature

Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY