



Please complete Authorization form and return to us

Card Holder Name _____

Billing Address: _____

City/State _____ Zip Code _____

CC Type: Visa ___ Mstercard ___ Doscover ___ Amex ___ Other _____

Credit Card Number _____

Expiration Date _____

Card identification number (Last 3 Digits on back) _____

Amount to charge:\$ _____

By signing this I Authorize Elite Sports Miami Youth Sports League to charge the agreed amount listed above herein. I agree that I will pay for this purchase as agreed.

Elite Sports Miami 786.426.9452 www.elitesportsmiami@gmail.com "Building stronger children"