



Carlsbad Wave F.C. Credit Card Information Form

Player Name:	
Team Name:	
Coach Name:	

INFORMATION: Please print clearly

CREDIT CARD TYPE:	VISA	MASTERCARD	
NAME ON CARD:			
ZIP CODE:			
CARD NUMBER:	-	-	-
EXP. DATE:		3 DIGIT CODE:	

CARD HOLDER SIGNATURE:

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DATE:

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COMMENTS:

<p>This is a one time or recurring monthly credit card charge for payment to Carlsbad Wave Soccer for the 2011 Soccer Season</p>
