



Credit Card Authorization Form

Coach: _____

Team Name: _____

Grade: _____ Boys: _____ Girls: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Tournament: _____

Credit Card Amount: _____ Type of Credit Card: _____

Credit Card # : _____ Expiration: _____

The name and above information is what pertains to the credit card being used.

I authorize For the Game to charge my credit card for the above tournament.

Signature

Date

Return to: For the Game
Jim Hentschel
2616 67th Street
Kenosha, WI 53143
www.hoops-forthegame.com
262-658-1474
262-658-3992