

I give my permission to Greater Bay Volleyball to charge my credit card for the following:

| Short description of service or item | Amount |
|--------------------------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

Credit Card Information: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number: _____ Exp.: _____ CSC*: _____

Person's Name on Credit Card: _____

Billing Address of Credit Card: _____
(address where credit card statement is sent)

Billing City, State, Zip Code: _____

Signature: _____ Date: _____

e-mail address: _____

* CSC (Card Security Code: The card security code is located on the back of MasterCard, Visa and Discover credit or debit cards and is typically a separate group of 3 digits to the right of the signature strip. On American Express cards, the card security code is a printed, not embossed, group of four digits on the front towards the right.)

If mailing this form, send to:

Greater Bay Volleyball Club
951-2 Old County Road #161
Belmont, CA 94002