

CCASA CREDIT/DEBIT CARD AUTHORIZATION FORM

Date: _____

Name of League/Organization (if applicable): _____

I, _____, authorize Central California Amateur Softball Association (CCASA), to charge my credit card (*Visa, MasterCard, American Express, or Discover*) for the following:

- Player Registrations
- Coach Registrations
- Umpire Registrations
- Tournament Registration Fees
- Umpire Store Purchase
- Other: _____

Fees from above(<i>total you are paying for coaches/ump order/etc</i>).....	\$	_____
Processing Fee.....	\$	4.00
GRAND TOTAL.....	\$	_____

→→→ **AUTHORIZED SIGNATURE:** _____ ←←←

YOUR CREDIT CARD INFORMATION
(this information will be shredded immediately after your card is charged)

Credit Card Number: _____

Expiration Date: _____ CVV # (three digit code on back strip): _____

Name on Credit Card: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

***Please mail completed form (along with any other required forms) to:
Central Cal ASA, PO Box 820, Paso Robles, CA 93447
Or fax to: 805-462-1026***

Questions please call 805-466-8505 or email jessica.ralls@centralcalasa.com