

CREDIT CARD PAYMENT FORM

Parent Name: _____

Athlete Name: _____

Team: _____ Destination: _____

Home Address: _____

Suburb: _____ Postcode: _____

Tel: _____ Email: _____

I authorise that the amount of \$ _____ as payment towards my son/daughter's
School Sport ACT representative fees be charged to my:

Visa

Mastercard

Card No: _____

Expiry Date: _____ Signature: _____

Name on Card: _____

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