



REGISTRATION FEES

Player Name: First _____ Last _____

Gender: Male or Female

Team: _____ (Ex: GU9, BU10, etc.)

Parent Name: _____ **Parent Phone (cell):** _____

Parent E-mail: _____

PAYMENT (CARD) INFORMATION

First Name on Card: _____

Last Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home, mobile, work): Example (555-555-1234): (_____) _____ - _____

Email: _____

Payment: Credit or Debit Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

I acknowledge that by registering today, my child is taking the roster position and I am responsible for the fees associated with this registration. I hereby authorize CATS FC to charge my credit card on the payment dates and the amounts listed on the other side of this document. I understand that if I take part in a payment plan, my checking or credit card amount will be debited on the aforementioned dates. If information on my credit card or checking account changes, I will notify CATS FC before payments are due. Failure to keep my account up to date may affect participation.

Printed Name _____

Signature _____ Date: _____