



SKATERS NAME: _____

PROGRAM: _____

AUTOMATIC CREDIT CARD AUTHORIZATION FORM

I _____, do hereby authorize "The Gloucester Skating Club Inc." to charge the following monthly payments to my **VISA / MASTERCARD** (*circle one*).

FALL 2010

DATE (1ST day of month)	AMOUNT	BATCH NO.
August 13 th , 2010		
September 1 st , 2010		
October 1 st , 2010		
November 1 st , 2010		

CREDIT CARD INFORMATION:

VISA ___ MASTERCARD ___

Card Number _____ - _____ - _____ - _____

Expiration Date: (Y) _____ / (M) _____

Signature: _____ Date: _____

PERSONAL INFORMATION:

Name of Cardholder: _____

Address: _____

City/Prov/Postal Code: _____

Phone: *home* (_____) _____ *work* (_____) _____ *cell* _____