



TITANIUM FORCE CHEER

PAYMENT AUTHORIZATION

Athlete's Name _____ Parent's Name _____

Team Name _____

Parent's Email Address _____ Parent's Cell Phone Number (_____) _____

Billing Address _____

City _____ State _____ ZIP Code _____

PAYMENT SELECTION

Select one Monthly Installments Full Annual Payment with Discount

CREDIT CARD INFORMATION - REQUIRED

Credit Card Type ... Select one Master Card Visa Discover *(We do not accept American Express)*

Credit Card Number _____

Expiration Date _____ 3 Digit Security Code _____ Billing Zip Code _____

I understand that I am liable for and hereby authorize Titanium Force/Fon du Lac Park District to charge my credit card for the purpose of paying any outstanding fees related to my account and that all fees are non-refundable.

Signature _____ Date _____