

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

You have requested that your team be entered in one of the RVA Softball Leagues by use of a credit card. **The charge will appear as an item from RVA Softball, LLC. There is not a credit charge fee this year.**

Fax to: (804) 264-0264 or email to ann@taylors.net

NAME OF TEAM _____

NAME ON CREDIT CARD _____

CARD TYPE (VISA OR MASTERCARD ONLY)_____

EXPIRATION DATE _____ V-Code (3 digit # on back of card)_____

CARD #_____

League fees paid _____

Total Charge (no credit card fee this year

I agree to the league fees that will be charged to the above listed credit card. The cardholder by signing this form and returning it to us agrees to pay the above amount according to the card issuer's agreement.

Signature of Cardholder

Daytime phone

Address of Cardholder

Evening phone

City, State Zip

Date