

INDIVIDUAL CREDIT CARD FORM

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 rvasoftballinfo@gmail.com

NAME OF TEAM _____
(insert name of team if you are on one or leave blank if you are not on a team)

Night of the Week: _____ Mon _____ Tue _____ Thur
(use 1-3 with one being preferred. If you can't play on a night, leave it blank)

NAME ON CREDIT CARD _____

CARD TYPE (AMEX,VISA OR MASTERCARD) _____

EXPIRATION DATE _____ Code _____

CARD # _____

Total Payment **\$85.00**

My credit card will not be charged until I am placed on a team.

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

Cell phone

Address of Cardholder

City, State Zip

Date