CREDIT CARD AUTHORIZATION
2010 VALLEY INVITATIONAL
COLLEGE EXPOSURE TOURNAMENT
JUNE 18-20, 2010

(Please Type or Print)

Credit Card Holder Name _____
First Middle Last

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____ Cell Phone _____

Fax _____ E-mail _____

Team Name _____ City _____ State _____

Tournament Division of Play: Division I Division II Division III

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Credit Card Information:

Credit card payment for the tournament registration can be made by Visa or Mastercard. We are not set up to accept any other type of credit card. Sorry!!

I am paying by: Visa _____ Mastercard _____

_____ _____ _____
Card Number Exp. Date Card Holder Signature

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Entry Fee: $575.00 USD

Note: There is a $10.00 processing fee that willl be added onto the payment.

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Team Registration Form Must Be Sent Along With This Credit Card Payment Form!!

Please Mail or Fax Forms To: Mike Wells
17083 SW Cobblestone Drive
Sherwood, OR 97140
Fax: (503) 291-1487
Phone: (503) 329-0129

Thank you!!!