

Xavier Prep Crew
2009-2010 Credit Card Authorization

Athlete's Name _____

Parent's Name _____

Please provide an email for dues billing as invoices are sent via email.

Billing Email: _____

Credit Card Payment ___MC ___Visa

Card Number _____ Exp _____

Billing address _____

Signature _____

Name on card _____

Charge my account monthly for dues upon receipt of this notice for each month owed starting immediately. Future charges will occur on the 1st of each month through 5/1/10

Billing will be done by the Xavier Prep Crew management company.

For billing questions please call or email:

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602-494-4198
602-494-1826 fax