

CCAT SWIMMING CREDIT CARD PAYMENT FORM

Swimmer's Name: _____ Birthdate ____/____/____

Please Circle:

Swimmer's Practice Pool: Birm Pierce

Parent Name: _____

Address: _____ City: _____ Zip: _____

Phone #(____) _____ Email: _____

Circle Type of Card: VISA MASTERCARD DISCOVER

Card # ____ - ____ - ____ - ____ Expires: ____/____ 3 digit code: _____

Please keep this card on record for use this card for ____ Monthly dues
____ Meet entry fees ____ USA Swim Registration ____ One time only

Authorization signature: _____ Date: _____