

I give my permission to Greater Bay Volleyball to charge my credit card for the following:

Short description of service or item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Credit Card Information: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number: _____ Exp.: _____

Person's Name on Credit Card: _____

Billing Address of Credit Card: _____
(address where credit card statement is sent)

Billing City, State, Zip Code: _____

Signature: _____ Date: _____

e-mail address: _____

If mailing this form, send to:

Greater Bay Volleyball Club
951-2 Old County Road #161
Belmont, CA 94002