



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY MAIL OR FAX TO:

Hoop Masters
c/o RBS
2035 Westwood Boulevard, Suite 216
Los Angeles, CA 90025
Fax: 310-446-1536

PLAYER 1 NAME: _____

PLAYER 2 NAME: _____

PLAYER 3 NAME: _____

Cardholder Name: _____

Billing Street Address: _____

Billing City, State Zip: _____

Phone Number: _____

Credit Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Credit Card Number: _____ Expiration Date: ____ / ____

CIC Number (digits located on the back of the creditcard – 3 for MC/Visa, 4 for AMEX): _____



One Time Charge: \$ _____ (USD)
(use this space for HMBA first month or camp fees)

Monthly Charge: \$ _____ (USD)
(use this space for monthly HMBA/HS amt)

Apply Amount to: _____

Card Holder's Signature: _____