

CREDIT CARD PAYMENT FORM



Team or School: _____

Card Holder Phone: (____) _____

Number of Athletes Competing: _____ x \$25.00 ea = _____

Number of Coaches/Trainers: _____ x \$15.00 ea = _____

Total: _____

Credit Card Type (Circle one): Mastercard Visa

Name as it appears on the card: _____

Account Number – Please print clearly: _____

Expiration Date: _____

FAX to: (519) 668-7970

(all fees and forms must be received AT the PCA Office on or before Nov. 10/05)

The Entry Deadline without penalty is Thursday Nov. 10, 2005

Application Forms/Fees received on or between November 11 and November 25, 2005 will be assessed a \$50.00 late fee

Application Forms/Fees received on or after November 26, 2005 will be assessed a \$100.00 late fee

NOTE: Changes to team numbers and/or additions/deletions are not subject to "late" fees. Coaches and team managers are responsible for having all documentation completed and in to the PCA office on time.

