ALL STAR CHALLENGE / SPIRIT XPRESS TEAM CREDIT CARD PAYMENT FORM

Complete this form if paying with Visa, Mastercard or American Express. This form may be duplicated as necessary.

AUTHORIZATION:

I, _____

CARDHOLDER'S NAME - Please print your name.

Authorize the All Star Challenge to charge my: ☐ **Visa** ☐ **MasterCard** ☐ **American Express**

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Exp:** ☐☐ ☐☐ ☐☐

MM/DD/YY

$ _____

TOTAL AMOUNT

_____

CARD HOLDER'S SIGNATURE

Cardholder's Address	
City, State, Zip	
Home Phone #	**Daytime Phone #**
Email Address	
Allstar Program Name	
Team Name (if different)	