



BOYS & GIRLS CLUB
OF THE LOWER NAUGATUCK VALLEY
JOEL E. SMILOW CLUBHOUSE

Ansonia Unit Credit/Debit Card Authorization Form

Contact Information

Name _____	Phone _____
Address _____	Phone _____
City, State, ZIP _____	E-mail _____

Card Information

Card Type	<input type="radio"/> Credit Card	<input type="radio"/> Debit Card	Repeating Charge: <input type="radio"/> Weekly	<input type="radio"/> Monthly
	<input type="radio"/> VISA	<input type="radio"/> MasterCard	<input type="radio"/> DISCOVER	
Name as it appears on card	_____			
Card Number	_____	SIC Code	_____	Expiration Date _____/20
Signature	_____	Date	_____	Total Amount _____

Payment Information

Reason for Payment	<i>Please check all that apply, specify each child's name, and enter all amounts. Bank money cannot be charged.</i>			
After School Membership	<input type="radio"/> 6&7s	Children _____	Dates _____	\$ _____
	<input type="radio"/> 8-12	Children _____	Dates _____	\$ _____
	<input type="radio"/> 13+	Children _____	Dates _____	\$ _____
School Vacation	<input type="radio"/>	Children _____	Dates _____	\$ _____
Summer Camp	<input type="radio"/> 8-12	Children _____	Dates _____	\$ _____
	<input type="radio"/> 13+	Children _____	Dates _____	\$ _____
	<input type="radio"/> Late Fee	<input type="radio"/> Trip, please specify: _____		\$ _____
	Please note, bank money may not be put on charge/debit card			
Transportation	Children _____	School _____		\$ _____
Sports	<input type="radio"/> Basketball	<input type="radio"/> Soccer	<input type="radio"/> Wrestling	<input type="radio"/> Other _____
Other (please specify)	_____			\$ _____

Office Use Only Entered by _____ Date _____