



United Way  
of Meriden and Wallingford

## Youth Clinic Credit Card Form

Please fill out to reserve a space for the *2020 NFL Players' Weekend Youth Clinic* and return with completed Youth Clinic Registration Form.

Youth Name(s) \_\_\_\_\_

Credit Card Payment for \$ \_\_\_\_\_:

Please bill my:    MasterCard                  Visa    (please circle one)

Card No.: \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

CVN Code: \_\_\_\_\_ (from back of card)

Name as it appears on card:

\_\_\_\_\_

Billing address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_