

VJE Football Equipment Deposit Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION prior to picking up equipment. All information will remain confidential.

Player Name(s): _____

Parent Name: _____

Pay By Check:

Make check payable to: "Vista Junior Eagles Football"

Amount of Check: \$ _____ (USD) (\$500 deposit per athlete)

Pay by Credit Card:

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD) (\$500 deposit per athlete)

I authorize Vista Junior Eagles Youth Football and Cheer to charge up to the agreed amount listed above to my credit card provided herein if I don't return my athletes football equipment (helmet, shoulder pads, pants, and jersey) in its entirety and in good condition upon the completion of the season. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Name: _____

Signed: _____

Dated: _____