



2828 Lake Myrtle Park Rd  
Auburndale, Florida 33823

Phone: (863) 268-8220  
Fax: (863) 268-8221  
www.fysa.com

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

I \_\_\_\_\_ authorize Florida Youth Soccer Association, Inc. to charge my credit card:

Visa/MasterCard/Discover/AmEx number: \_\_\_\_\_

Expiration Date of Credit Card: \_\_\_\_\_

3 Digit Security Code from the back of Card: \_\_\_\_\_

Debit Amount: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

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

House/PO Box # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of charge:  
\_\_\_\_\_  
(ODP, registration, web site advertising, etc)

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