

BASEBALL SOLUTIONS

512.844.8105

www.baseballsolutions.com

Event Registration

Credit card authorization

Name of team: _____ Age: _____

Team contact: _____ # _____

E-mail: _____

Event: _____ date: _____ fee: \$ _____

Event: _____ date: _____ fee: \$ _____

Event: _____ date: _____ fee: \$ _____

Event: _____ date: _____ fee: \$ _____

Total: \$ _____

I/We, _____ (individual or team), have a financial obligation to **PGTEXAS** in the amount of \$ _____ for the above PGTEXAS baseball events and I/WE authorize **Player Development Strategies, DBA Baseball Solutions** to debit my credit card in the amount of \$ _____ to satisfy our financial obligation.

Credit card # _____

Expiration _____ **Zip code** _____

X _____ date _____
Authorization signature

Fax to 512.441.8366