



I authorize Northern Arizona Juniors, Inc. to charge my credit card for season dues/clinic fees and/or any merchandise for the amount specified below. *Please allow up to 5 days for the payment to be processed.

Credit Card Type (Circle One): Visa MasterCard Discover

Credit Card # _____ Expiration Date _____

Name on the Card _____ Security Code _____

Billing Address _____ City _____ Zip _____

Amount to be charged: \$ _____

Signature of Cardholder _____ Phone # _____

EMAIL ADDRESS: _____