



CREDIT CARD AUTHORIZATION

Bishops Gate Golf Academy requires a valid credit card on file for incidental expenses such as but not limited to: Transportation, Cash to Student, Clubfitting.
(Details outlined in the Enrollment Contract)

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ / _____ / _____
Month Day Year

CVV Code: _____ (found on back of card)

Billing Address: _____

City/Province: _____ State: _____ Zip Code: _____ Country: _____

Cardholder Signature: _____

Today's Date: _____ / _____ / _____
Month Day Year

An administration fee of 3% will be charged for Amex and 2% for Visa/Mastercard/Discover



Dear Parents, We are looking forward to having your child compete in the IJGT's Southeast Tour Championship!

This letter authorizes BGGA to charge the following amounts for participation:

Player name -

Entry fee – please circle \$1,250 – First, second, or third place \$1,750 – all other contestants

Accommodations per parent \$495

Total to be charged: _____

Signature of parent _____

Date _____