



# SWIM TEAM Credit Card Authorization Form

**CONCORD FAMILY YMCA**  
 15 N State St. • Concord, NH • 603-228-9622  
[www.concordymca.org](http://www.concordymca.org)

Date:

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Member's Name if Different

First Name:

Last Name:

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Address

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City:

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State:

Zip:

Phone:

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Card Type: \_\_\_\_\_

Card Number:

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Expiration Date:

CVV

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Payment Frequency: for fees listed below - receipts will be sent to email on file

I hereby authorize The Concord Family YMCA to charge the swim meet fees for requested swim meet and USA Swimming annual fees from this credit card.

\_\_\_\_\_

Cardholder's Signature

Note: Card will be used for practice fees, USA swim dues and swim meets. Please contact Karen Wimpey at [kwimpey@concordymca.org](mailto:kwimpey@concordymca.org) if you wish to have a different card on file for swim meets.