1000 Creekside Plaza
Gahanna, OH 43230
Phone: 614.416.7680 Fax: 614.750.1212

Team Registration Fees Payment Authorization

___$500 National Team ____$250 Team NBL
(Please indicate amount by checking appropriate type above.)

Team Name _____

Name on Card _____

Address _____

City_____**State**_____**Zip**_____

Email_____

Contact Phone Number _____

____Visa ____Mastercard

Credit Card Number _____

Expiration Date _____**3-digit Security #**_____

I authorize the National Bicycle League to charge the credit card above for team registration fees for the 2011 season.

_____

(Signature) (Print Name)