



## SOUTH FLORIDA PBA DOMINO TOURNAMENT REGISTRATION FORM

**Team name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Player 1:**

**Name:** \_\_\_\_\_ **Cellphone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Player 2:**

**Name:** \_\_\_\_\_ **Cellphone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### CREDIT CARD AUTHORIZATION FORM

The Dade County PBA / The Love Fund, Inc is hereby authorized to charge specific items  
(listed below) to the following credit card:

Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER
Card #: _____ Exp: _____ Security Code: _____
Name on Card: _____
Billing Address: _____
City _____ State _____ Zip Code _____
Phone Number: _____ Email: _____

This authorization is for the South Florida PBA Domino Tournament Nov. 1, 2024, Team Entry and processing fee.

I, \_\_\_\_\_ authorize Dade County PBA / Love Fund to charge my credit card above for agreed upon purchase.

Cardholder's Signature: \_\_\_\_\_ Date of this Authorization: \_\_\_\_\_

We agree to the rules and regulations set forth by the South Florida PBA.

**You will be contacted after receipt of this form to verify team entry.  
Please email this form and a minimum \$80 donation payable to The Love Fund Inc.,  
to [kim@dcpba.org](mailto:kim@dcpba.org). An additional \$20 entrance fee applies for non-participants.**

**To make a payment by phone, please call 305.593.0044.**

**Registration deadline: Friday, October 25, 2024.**

**All players must be present by 6PM. NO REFUNDS but you can substitute a player.**

**South Florida Police Benevolent Association**

**10680 NW 25<sup>th</sup> St. Doral, FL 33172**