Name: _____ **Team Name:** _____

Shooter #-day of shoot only

2026 Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled. Please click the submit form button to send your completed form or call Stacey at (817-589-9550) to give us your credit card information.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Zip Code:_____ Code:_____

I, _____,authorize **Humphrey & Associates, Inc.** to charge my credit card above for **registration** for the 2026 Broken Clay.

I, _____, authorize **Humphrey & Associates Inc.** to charge my credit card above for "**My Tab" charges for myself** accrued at the 2026 Broken Clay such as Merchandise, Game participation (Gun Gallery, Poof Targets, Competitive Flurry, Silent Auction) or any Broken Clay expenses.

I, _____, authorize **Humphrey & Associates Inc.** to charge my credit card above for "My Tab" charges accrued **for my team** at the 2026 Broken Clay such as Merchandise, Game participation (Gun Gallery, Poof Targets, Competitive Flurry, Silent Auction) or any Broken Clay expenses.

Please provide a current email address and phone number so we may send a receipt with a list of all charges.

Email: _____

Phone: _____

_____ _____

Customer Signature **Date**

By electronically signing this document, you are consenting to the use of your electronic signature under the Uniform Electronic Transaction Act (UETA)to execute this document.

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