



CREDIT CARD AUTHORIZATION FORM

Please fax or mail this form with your registration forms.

One "Credit Card Authorization Form" can be made for all teams/ participants in an organization.

The credit card used must be in the name of the gym, organization, school or contact person. No Exceptions.

Team/ Organization Name: _____

Event Attending: _____

Please select type of Credit Card:

Visa MasterCard

Credit Card # _____

Expiration Date: _____ Security Code _____

Competition Fee \$ _____ + 3% Administrative Fee \$ _____

- **A 3% fee will be added to all credit card transactions. This fee will be waived if using check or money order.**

Total amount To Be Charged = \$ _____

Cardholder's Name _____

Cardholder's Phone Number (____) _____

Credit Card Billing Street Address (including city, state and zip code):

By signing below, I am agreeing to pay the above total amount in accordance with the card issuer agreement.

Cardholder's Signature: _____ Date Signed: _____