

2010- 2011 Credit Card Authorization Form

Gym/School Name: _____

Event Attending: _____ Date of Event: _____



_____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card # _____

Expiration Date: _____ / _____ CVV Code: _____

Cardholder's Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____

** A \$5.00 processing fee will be charged to the credit card

Amount to be charged: \$ _____

Cardholder's Signature: _____

Date Signed: _____

PLEASE ATTACH THIS FORM TO THE REGISTRATION FORM

Alamo National Championship
P.O. Box 260165
Plano, Texas 75026

For additional information call (210) 883-6002 or (972) 904-9868
Email info@cheerstarproductions.com

www.cheerstarproductions.com