



CREDIT CARD AUTHORIZATION FORM

The credit card used **MUST BE IN THE NAME OF THE GYM, STUDIO, SCHOOL or CONTACT PERSON.**

Please fill out the form below. Send it as payment along with the Registration & List of Participants forms.

Team Name

_____ Visa _____ Mastercard

Cardholder's Name

Credit Card Number

Expiration Date

Cardholder's Address

City

State

Zip Code

Cardholder's Phone Number

Amount to be Charged

I authorize KC Christmas Celebration and/or Christy Cowell-Rinkol to charge the above credit card in the amount shown above. The card holder agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Cardholder's Signature