

CREDIT CARD PAYMENTS

2009 COLLEGE CHEERLEADING & DANCE TEAM NATIONAL CHAMPIONSHIP

School Name _____ City _____ State _____

Circle one: CHEER DANCE MASCOT PARTNER STUNT

If any family members wish to charge their deposit or balance of payment on a credit card, we accept VISA, MasterCard, Discover or American Express. Below list the person wishing to charge, their credit card number, expiration date and amount to be charged along with their signature. Please send this information along with your registration.

(One form per family group.)

CREDIT CARD TYPE: VISA MC AMEX DISC **Exp. Date:** ___/___/___

Total Amount Charged: \$ _____

Account Number:

Deposit or Balance of Payment*

Name (Print) _____ Signature _____

Billing Address* _____ Daytime Telephone Number _____ Cell Phone Number _____

City, State Zip _____

Email Address _____

If this credit card payment is not for your entire group, please list person(s) and amounts to be paid with this credit card.

Person(s)	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

* In order for credit cards to be processed, we MUST have the billing address for the credit card being charged. This address MUST include the zip code for the billing address.

THIS FORM MAY BE DUPLICATED.

CANCELLATION POLICY:

For cancellations received **on or before** December 5, 2008, all monies will be refunded with the exception of a one hundred dollars (\$100.00) per person fee. For cancellations **between** December 5, 2008 and January 6, 2009, an additional \$100.00 per person penalty will apply to cover hotel and entertainment guarantees. Cancellations received **after** January 6, 2009 will result in a **FULL FORFEITURE** of all monies paid. All cancellations must be in writing to the College Cheerleading and Dance Team Championship. We will not accept cancellations by phone. Deposits from cancellations **cannot** be applied toward your balance.

I have read the cancellation policy and understand and accept its contents. I have also advised all participants, parents and chaperones of my group of this cancellation policy.

_____ Main Contact Signature

_____ Date

Please tear out along the perforations. You may make copies of this form.

DUE DECEMBER 5, 2008

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