

CREDIT CARD AUTHORIZATION FORM

Name on Card							
Credit Card Number		Exp	. Date	MM / YY	CSV _		
Billing Address				City/State/Zip			
Contact Phone Numbe	r			Email Address			
	Registration Total: A La Carte Total: Sub Total:						
	4% Processing Fee:						
	TOTAL:						
	I hereby agree to have my	card charged the total amou	nt as listo	ed above includin	g the 4% processi	ng fee.	
Card Type:		Cardholder Signa	ature				

EARLY REGISTRATION DEADLINE **MARCH 10, 2018** | A fee of \$50/couple will be applied to all entries submitted after March 10, 2018 Please Make Checks Payable To: PHILADELPHIA DANCESPORT CHAMPIONSHIPS | Fax all forms and reservations to: (610) 884-7762 Mail to: Philadelphia DanceSport Championships – 430 Walkertown Road, Exton, Pennsylvania 19341