



## CREDIT CARD AUTHORIZATION FORM

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date MM / YY \_\_\_\_\_ CSV \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Registration Total: \_\_\_\_\_

A La Carte Total: \_\_\_\_\_

Sub Total: \_\_\_\_\_

4% Processing Fee: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

I hereby agree to have my card charged the total amount as listed above including the 4% processing fee.

Card Type: \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

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

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