



National Office: 5525 Clem's Way, Stevens Point, WI 54482
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CREDIT CARD AUTHORIZATION FORM

Name of Event: _____ Region: _____

Team members to be paid for:

- 1. _____ 2. _____
- 3. _____ 4. _____

* Total charges to be billed to credit card: _____

* Your credit card statement will reflect one charge for each member of the team for which you are authorizing payment. If any member of your team registers and completes payment before your card is charged, we will not include their portion of the total due (as outlined above) when we process payment. A \$10.00/player discount will not be given for any individual who does not complete registration by the early discount deadline.

Name and billing address of responsible party: _____ Phone: _____

_____ Email: _____

CREDIT CARD INFORMATION:

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

AUTHORIZING SIGNATURE:

I, the cardholder named above, authorize USA Curling to charge the listed credit card account for all charges authorized on this form.

Signed: _____ Date: _____

For security purposes, the credit card information you provide on this form will not be kept on file for future transactions.



MEMBER: UNITED STATES OLYMPIC COMMITTEE ■ WORLD CURLING FEDERATION

