



Credit Card Authorization

Card #: _____
Exp. Date: _____ Total Charge \$ _____ Security Code _____
Name on Card (printed): _____
Billing Address: _____ City _____ State _____ Zip _____
Authorized Signature: _____ Date: _____
Cardholder's email: _____ Phone: _____

Customer Information (Please print or type)

Athlete: _____ Athlete Mem # _____
Club : _____
Event/Payment Description _____

Email the completed form to:
trampolineandtumbling@usagym.org