



# 2010-2011 CREDIT CARD AUTHORIZATION/PAYMENT FORM

Cheer USA Championships  
P.O. Box 1548  
Huffman, Texas 77336-1548  
Phone # 832-259-1264  
Fax # 281-764-5144  
www.cheerusachampionships.com

**Please attach this form to the Registration Form!**

Team/Entry Name:
Division Name:

### Check Event Attending Below:

- October 23, 2010 (Galveston, TX) – Spook Fest Championship Event
- November 13, 2010 (Katy, TX) – Turkey Fest Championship Event
- December 4, 2010 (Cypress, TX) - Winter Fest Championship Event
- December 18, 2010 (San Antonio, TX) – Winter Fest Championship Event
- January 15, 2011 (Belton, TX) – New Year's Fest Championship Event
- January 29, 2011 (Galveston, TX) – Marti Gras Fest Championship Event
- February 4-6, 2011 (Beaumont, TX) – Texas State Open Nationals Championship

Cheer USA Championships allows you to pay for entry fees by Credit Card! Please note that the Credit Card used **MUST BE IN THE NAME OF THE GYM, SCHOOL, OR CONTACT PERSON**, representing the team/entry name above. Please complete the form entirely. Attach it as payment to the Registration Form(s).

A 3% administrative fee will be added to ALL credit card Total Transaction Fees and only **WAIVED** if using **CASH, CHECK OR MONEY ORDER**.

I understand that by signing this form, the 3% administrative fee will be included in my registration total and charged to card presented on this form. I hereby authorize and give Cheer USA Championships my permission to charge credit card for the Grand Total Amount due which will include a 3% administrative fee.

Ex. Total Amount Due \$ \_\_\_\_\_ + 3% Administrative fee \$ \_\_\_\_\_ = \_\_\_\_\_ (Grand Total).  
**The 3% Administrative Fee will be added to Total Amount Due.**

### Credit Card Payment Information:

Cardholder's Name \_\_\_\_\_ Email Add. \_\_\_\_\_  
(Print) (Receipt will be emailed to email address)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Billing Address of Card)

Credit Card Type: \_\_\_\_\_  
(Master Card, Visa, American Express)

Card #: \_\_\_\_\_ Exp. Date: Month \_\_\_\_\_/Year \_\_\_\_\_

CW Code: \_\_\_\_\_  
(Last 3 digits on back of card)

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Cardholder's Signature)

*"I agree to pay above Grand Total Amount according to card issuer agreement"*