



CREDIT CARD AUTHORIZATION

Name on the Card _____
Credit Card Number _____ Exp. Date MM / YY CSV _____
Billing Address _____ City/State/Zip _____
Contact Phone Number _____ Email Address _____

Registration Total: _____
Admission Tickets 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 _____