



### Credit Card Authorization

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

### Customer Information (Please print or type)

<b>Athlete:</b> _____ <b>Athlete Mem #</b> _____
<b>Club :</b> _____
<b>Event/Payment Description</b> _____

Email the completed form  
to: Attn: [Natalie Joachim](mailto:njoachim@usagym.org)  
[njoachim@usagym.org](mailto:njoachim@usagym.org)