



## Credit Card Authorization Recreation Division

**(Participants may submit information by fax only, no emails accepted)**

Participant name: \_\_\_\_\_

Class/Event name: \_\_\_\_\_

Cardholder name (exactly as shown on credit card): \_\_\_\_\_

Billing address for credit card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mastercard

Visa

Card #: \_\_\_\_\_ Card I.D #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount authorized: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Refunds will be issued by check ONLY

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For Office Use ONLY

Employee initials: \_\_\_\_\_ Date entered: \_\_\_\_\_