

UDC

**ULTIMATE DANCESPORT
CHALLENGE**

CREDIT CARD AUTHORIZATION FORM

Name on Card _____ Credit Card Type _____

Credit Card Number _____ Exp. Date DD/MM/YYYY CSV _____

Billing Address _____ City/State/Zip _____

Contact Phone Number _____ Email Address _____

Registration Total: _____

Packages 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.

Cardholder Signature _____