

# 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 \_\_\_\_\_