

SIX FLAGS MAGIC MOUNTAIN

26101MAGICMOUNTAINPARKWAY, VALENCIA, CA91355

CREDIT CARD AUTHORIZATION FORM

IN ORDER TO PROCESS YOUR REGISTRATION, THIS FORM MUST BE ACCURATE.

HERE ARE SOME HELPFUL REMINDERS...

- Include all info requested on this form.
- Make sure your credit card company will accept the amount you wish to charge.
(**Note:** Many credit cards feature charge limits as a security precaution).

Team/Organization/School: _____

Event Location: **SIX FLAGS MAGIC MOUNTAIN**

Event Date: **Sunday 11/5**

PLEASE PRINT LEGIBLY OR TYPE:

I, _____, here by authorize the following charges:
PRINT NAME

TOTAL CHARGE \$ _____

CREDIT CARD INFORMATION

Name as it appears on Credit Card: _____
PRINT NAME

Please write each digit of the Credit Card Number in the 16 blocks provided below:

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Expiration Date: ____/____/____ Credit Card Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF CARD HOLDER ____/____/____
DATE

(____) _____
CONTACT NUMBER