

Please complete the following:

- Fill out all information requested on this form
- Fax this form to JAMZ at (209) 578-1617

Team/Organization/School: _____

Event Location: _____

Event Date: ____/____/____

PLEASE PRINT LEGIBLY OR TYPE:

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

Total Number of:

Participants _____ X Fee Per Participant \$ _____ = Total \$ _____
(Include Cross-Competitors)

TOTAL AMOUNT TO BE CHARGED: \$ _____

CREDIT CARD INFORMATION

PLEASE CHECK ONE (JAMZ DOES NOT ACCEPT DISCOVER CARD)

- VISA
 MASTER CARD
 AMERICAN EXPRESS

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