

**JOURNEY DANCESPORT
California State Championship
Credit Card Authorization Form**

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email _____

Competitor Name _____

Items Purchased: Event Fees

**By signing this form, you authorize JOURNEY DANCESPORT
to charge your card for the amount listed above plus a 4% credit card
service fee.**

NOTE: Your credit card statement will reflect payment to JAC M Productions.

Signed: _____ Date: _____

PRINT _____

Please email for confirmation of receipt if you do not hear from us.



PLEASE FAX or EMAIL SIGNED COPY TO:

ENTRIES@JACMPRODUCTIONS.COM

FAX: 951-750-5096

PHONE/TEXT: (951) 526-5255