## **SPECIAL EVENTS PROGRAM** CREDIT CARD PAYMENT AUTHORIZATION

EVENT INFORMATION	
Event Name:	
Event Date(s):	
Public Entity:	
Event Premium: <u>\$</u>	Event Premium must match Credit Card Total below.
PAYMENT INFORMATION	
Type of Credit Card:	🗌 Visa
Credit Card Number:	
Expiration Date (MM/YY):	
Security Code (3 Digit):	
Credit Card Information:	
Name on Card:	
Billing Address:	
City, State, Zip:	
Credit Card Total: <u>\$</u>	Credit Card Total must match Event Premium above.
Cardholder Signature:	
Date:	

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

## Refund Policy:

All transactions on this program are non-refundable as full payment is required prior to the event.

## Email completed information to: specialevents@ycparmia.org