

Credit Card/ Check Payment Form

For Individuals or Teams

Please make sure that you/ your team is registered online. This form does NOT register you into the match. Payment can also be made over the phone at 419-635-2141 ext 724.

Name of School or Club	Name—Instructor/Coach						
Credit Card Holder's Information							
Name <i>(as it appears on front of card)</i>	Daytime Phone Number						
Mailing Address	Email Address						
Names of Team Members/Individuals:							
Email or Fax or Mail Completed Form To: Katie Harrington Civilian Marksmanship Program P.O. Box 576 Port Clinton, OH 43452 Fax: 419-635-2573 kharrington@thecmp.org							
Payment Type: <input type="checkbox"/> <i>Check #</i> _____ <input type="checkbox"/> Credit Card							
Credit Card (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Total amount remitted (\$50 per competitor):</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 5px;">Card Number:</td> <td style="padding: 5px;">Expiration:</td> </tr> <tr> <td style="padding: 5px;">Card holder signature:</td> <td style="padding: 5px;">CVV2 #: <i>(3 digit code on back of card)</i></td> </tr> </table>	Total amount remitted (\$50 per competitor):		Card Number:	Expiration:	Card holder signature:	CVV2 #: <i>(3 digit code on back of card)</i>
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