

2017 Team/Individual Payment Form

CMP Regional Championships

30 March – 1 April; 6 - 8 April 2017



Name of Team		Name of Instructor/Coach	
Daytime Phone		Email	
Names of Athletes			
PAYMENT INFORMATION: Please provide Credit Card information or submit a check. The cost is \$25.00 per firing member.			
Credit Card (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Total amount remitted:	
		Card Number:	Exp. Date
Card holder name:	Card holder signature:		CVV #

Please send your completed form to CMP Competitions, Fax 419-635-2573 or email the completed form to kharrington@thecmp.org.
 Paper copies with checks may be sent to: CMP Competitions – P. O. Box 576, Port Clinton, OH 43452.