

Credit Card/ Check Payment Form

For Individuals or Teams

Please make sure that you have sent in your registration form or registered online. This form does NOT register you into the match.

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:	
<p style="text-align: center;"><i>Email Completed Form To:</i> Alana Kelly akelly@thecmp.org For Assistance, Call: 419-635-2141 ext. 751</p>	<p style="text-align: center;"><i>Mail Complete Form (Or Check) To:</i> Civilian Marksmanship Program ATTN: Summer Camps P.O. Box 576 Port Clinton, OH 43452</p>
<i>PAYMENT INFORMATION: Please provide Credit Card information</i>	
Total amount:	
Card Number:	Expiration:
Card holder signature:	CVV2 #: <i>(3 digit code on back of card)</i>