

Credit Card/ Check Payment Form

Please make sure that you/ your team is registered online. This form does NOT register you into the match.

Name of Competition	Date of Competition		
Cardholder's Name (as appears on card)	Name of Team/ School (if applicable)		
Daytime Phone Number	Email Address		
Mailing Address	Payment for (name of competition)		
Names of Team Members/Individuals being paid for:			
PAYMENT INFORMATION: Please provide Credit Card information			
Credit Card (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	<div style="font-size: 2em; font-weight: bold;">\$</div>		
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 5px;">Card Number:</td> <td style="border: none; padding: 5px;">Expiration:</td> </tr> </table>	Card Number:	Expiration:
Card Number:	Expiration:		
Card holder signature:	CVV2 #: <i>(3 digit code on back of card)</i>		
Email or Fax Completed Form To: 3PAR@theCMP.org or 419-635-2573			