



Date Submitted ____/____/____

CREDIT CARD ON FILE AUTHORIZATION

Name of Skater(s): _____

Type of Credit Card VISA MASTERCARD DISCOVER

Cardholder's Name: _____
(PLEASE PRINT LEGIBLY!)

Cardholder's Billing Address: _____

Zip Code: _____

This card is to be used for Walk On Ice Contract Ice Program Fees
(LTS, TOI, Synchro)

Credit Card # _____ - _____ - _____ EXP ____/____
CVV _____

I authorize Colonial Figure Skating Club to apply future charges to my credit card as requested.

Cardholder's Signature _____ Date: ____/____/____