



Triunfo YMCA Soap Box Derby 2013



Credit Card Authorization Form

I/We authorize **Triunfo YMCA** to charge my/our

___ Visa ___ MasterCard ___ Discover

Name on Credit Card: _____
Print name

Billing Info:

Address _____ City _____ Zip _____

Phone _____

Credit Card # _____ - _____ - _____

Expiration date: ___ / ___ / ___ for the amount of: \$ _____.

Please apply this non-refundable payment towards: ___ Soap Box Derby ___

Signature X _____ Date ___ / ___ / ___

Please fax completed form to Veronica Rodarte at fax #818-706-0282