



NHSDTC EXHIBITOR CREDIT CARD AUTHORIZATION FORM

Event Attending: *National High School Drill Team Championships*

Event City: *Daytona Beach, FL* Event Date: *First weekend in May*

Organization Name: _____

Contact Person: _____

Card Holder Name (EXACTLY as it reads on the card): _____

Card Holder's position with Organization Listed above: _____
(Instructor, Parent, Sponsor, Military Support Liaison)

Card Holder's Contact Information: _____
Work Phone Home Phone Cell Phone

Card Holder Email address: _____



Total Amount to be Charged: \$ _____.

Credit Card Number: _____

Card Expiration Date: ____ / ____ Security Code*: _____

Billing Address for Card: _____

City _____ State _____ Zip _____

*Most cards have the 3-digit sec. code on the back, AMEX is a 4-digit code on the front.

IMPORTANT AGREEMENT INFORMATION – PLEASE READ AND SIGN BELOW

With my signature below, I understand the terms and conditions of this authorization and agree to indemnify and hold Sports Network International, Inc. harmless from and against all liabilities, losses, charges, costs and expenses incurred by Sports Network International as a result of any credit card charge-back received in connection with this transaction. A charge-back is defined as the reversal (cancellation) of any charge made to a credit card account. With my signature below, I further certify that I have read and understand this payment will be applied to the amount owed by the above organization to attend the Sports Network International drill competition listed above and is non-transferable, non-refundable and non-cancelable by the card holder except as noted within the NHSDTC Exhibitor Agreement.

I further understand that in signing below, I fully acknowledge that I have read completely and understand all aspects of the NHSDTC EXHIBITOR AGREEMENT as well as the NHSDTC EXHIBITOR FREQUENTLY ASKED QUESTIONS documents found on the NHSDTC Exhibitor webpage.

Card Holder: _____
signature here print name here (as appears on card) date