

# SPECIAL EVENTS PROGRAM

## CREDIT CARD PAYMENT AUTHORIZATION

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### EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Public Entity: \_\_\_\_\_

Event Premium: \$ \_\_\_\_\_ Event Premium must match Credit Card Total below.

### PAYMENT INFORMATION

Type of Credit Card:       Master Card       Visa

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Security Code (3 Digit): \_\_\_\_\_

Name on Credit Card:

    Company Name (if applicable): \_\_\_\_\_

    Individual Name (First & Last): \_\_\_\_\_

    Billing Address: \_\_\_\_\_

    City, State, Zip: \_\_\_\_\_

Credit Card Total: \$ \_\_\_\_\_ Credit Card Total must match Event Premium above.

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

Refund Policy:

All transactions on this program are non-refundable as full payment is required prior to the event.

**Email completed information to: [specialevents@ycparmia.org](mailto:specialevents@ycparmia.org)**