

Form



Entry Deadline: March 1st, 2019

Credit Card Submittal form

Studio Name : _____

Total \$

Add: 4% Admin Fee:

Please charge this Total Amount \$:

Credit Card Number: _____

Expiration Date: ____/____/____ **Visa and Mastercard only**

CVV: _____ Visa: Mastercard:

Cardholder Signature: _____

Name on Credit Card: _____

Billing Address: _____

City: _____

County: _____

State/Country: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Notes:

3) Mail To:

Ballroom Beach Bash
8355 Station Village Ln. Unit 4320
San Diego
CA 92108

(See Cancellations/Refund Policy section Rules and Regulations sheet)