

Credit Card Payment FAX - Form



Team or School: _____

Card Holder Phone: (_____) _____

Please Submit amounts to coincide with the fee rate as per the registration/entry form (date of payemnt/entry)

Date of PAYMENT and ENTRY _____

Number of Athletes (Cheer) _____ x \$ _____ ea = _____

Additional Coaches/Trainers: _____ x \$25.00 ea = _____
(3 Coaches/Trainers - no fee)

OTHER (Stunt or Tumble Competition): _____

Total: _____

Credit Card Type (Circle one): Mastercard Visa

Name as it appears on the card: _____

Account Number - Please print clearly: _____

Expiration Date: _____

FAX to:(519) 668-7970

Questions? 1-800-567-PCA1 (7221)

The Entry Deadlines Vary as per Registration form.

*NOTE: Changes to team numbers and/or additions/deletions are not subject to "late" fees.
Coaches and team managers are responsible for having all documentation completed and in to the PCA office on time.*

