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CREDIT CARD AUTHORIZATION FORM

DATE: _____

COMPETITOR'S NAME: _____

STUDIO: _____

PAYMENT AMOUNT: _____

TYPE OF SERVICE: Tri-State DanceSport Championships Entry Fees + CC Processing fee

CREDIT CARD INFORMATION

CARD HOLDER NAME : _____ PHONE #: _____

CREDIT CARD:

☐ AMEX ☐ MASTERCARD ☐ VISA ☐ DISCOVER

CC#: _____ BILLING ZIP CODE: _____

CVV CODE: _____ EXP. DATE (MM/YY): _____

I agree to have Tri-State charge my credit card for my participation at the 2026 Tri-State DanceSport Championships.

SIGNATURE OF AUTHORIZATION: _____