



Organizer Contact  
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## Michigan Dance Challenge Credit Card Authorization Form

Name On The Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### Authorized Signer

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Print Name

***\*There is no fee for paying by credit card\****