

CKCSC SHOW ENTRY CREDIT CARD AUTHORIZATION FORM

___ Visa ___ Mastercard ___ Discover ___ American Express Card

#: _____ Exp: ___/___

I authorize Cavaliers of the West to apply the exact fee necessary to accomplish this transaction.

Signature of Cardholder: _____

(Entry will not be processed without authorization signature) Print Name as shown on card:
