



St. Johns County Board of County Commissioners

Parks & Recreation Department

Credit Card Authorization Form

INFORMATION CONTAINED IN THIS AUTHORIZATION FORM IS CONFIDENTIAL & PRIVILEGED. DO NOT RETURN THIS FORM BY EMAIL, PLEASE FAX TO 904.209.0321 OR SEND BY U.S. MAIL

Please select the fees you will be paying for below:

Registration fee for one child:

- Registration fee options: \$20 before February 28, \$30 March 1-April 13, \$40 April 14-15

Number of additional children:

- Number of additional children options: \$10 before February 28, \$15 March 1-April 13, \$20 April 14-15

Registration fee for additional child/children:

Total Fee one child: \$ Total Fee additional child/children: \$

Please print clearly

Cardholder's Name:

Cardholders Address: Street, City, Zip

Circle one: Visa MasterCard

Credit Card Number: Expiration Date:

I hereby authorize the St. Johns County Parks and Recreation Department to charge my credit card for the 2018 Kids Triathlon.

Cardholder Signature

Date

Please do not write below, for Recreation staff only

Charged By: Date:



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