



CREDIT CARD AUTHORIZATION FORM

FIRST Washington – FIRST Tech Challenge West Super-Regional: **Event Date: March 10-12**

TEAM NUMBER: _____

TEAM NAME: _____

ADDRESS:

CITY, STATE & ZIP:

PRIMARY CONTACT:

PHONE:

LOCATION OF SERVICE: **GREATER TACOMA CONVENTION & TRADE CENTER**

NAME AND TITLE OF ON-SITE TEAM CONTACT: _____
(IF DIFFERENT FROM ABOVE)

NUMBER OF BOXED LUNCHES FRIDAY 3/10: TURKEY _____ VEGETARIAN _____ SALAD _____

NUMBER OF BOXED LUNCHES SATURDAY 3/11: TURKEY _____ VEGETARIAN _____ SALAD _____

NUMBER OF BOXED LUNCHES SUNDAY 3/12: TURKEY _____ VEGETARIAN _____ SALAD _____

TOTAL NUMBER OF BOXED LUNCHES (17.54 each – sales tax included) _____

NUMBER OF PIZZA DINNERS FRIDAY 3/10: CHEESE _____ PEPPERONI _____

TOTAL NUMBER OF PIZZA DINNERS (13.15 each – sales tax included) _____

____ Initial pre-show orders, as well as additional services ordered on site will be automatically billed to customer's credit card.

PLEASE CHECK ONE OPTION: ____ AMERICAN EXPRESS ____ VISA ____ MASTERCARD ____ DISCOVER

CARD NUMBER: _____ EXPIRATION DATE: _____
DOLLAR AMOUNT (TOTAL CHARGES): « _____ » APPROVAL CODE ____ (ARAMARK USE ONLY)

CARD HOLDER'S NAME AND TITLE: _____

I hereby authorize ARAMARK SPORTS AND ENTERTAINMENT SERVICES, INC. to apply all charges for services rendered to the above company on my credit card.

CARD HOLDER'S SIGNATURE: _____

Return To: ARAMARK1500 Broadway
Tacoma, WA 98402
Attn: Emily Cook/Danielle Panzer
Phone: 253.830.6679 –Emily or 253.830.6671 - Danielle
Fax: 253.573.2363
Email: Cook-Emily1@aramark.com