



## EMERGENCY CONTACT + CREDIT CARD AUTHORIZATION FORM

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
\_\_\_\_\_

BIRTHDAY Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

### IN CASE OF EMERGENCY NOTIFICATION (ICE):

1<sup>st</sup> Choice:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

2<sup>nd</sup> Choice:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OPTIONAL: Please complete all fields below if you would like to have your guild membership automatically renewed every quarter. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

### Credit Card Information Card Type:

☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other

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Cardholder Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_ Security Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize

Krasl Art Center to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.