KRASL
ART CENTER

EMERGENCY CONTACT + CREDIT CARD AUTHORIZATION FORM

NAME:_____

ADDRESS:_____

HOME PHONE:_____CELL:_____
_____

BIRTHDAY Month/Day/Year: _____/____/_____

IN CASE OF EMERGENCY NOTIFICATION (ICE):

1st Choice:
NAME: _____PHONE:_____
2nd. 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**

_____

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.