



Credit Card Payment Form

Credit Card Payments:

Tickets: \$165 pp

Charge my VISA, MasterCard, Discover or American Express account:

Amount: _____

Date: _____ Name: _____

Credit Card # _____ Expiration: _____ Security Code: _____

Signature _____

Email: _____ Phone: _____

How many tickets? _____ Names of ticket holders: _____

Please email this form to: mary.prenon@hgar.com.

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