Form **K**

San Diego Ballroom BEACH BASH

2027

Credit Card / Zelle

Studio Name : _____

Credit Card

Total $ [ ]

Add: 4% Admin Fee: [ ]

Please charge this Total Amount $: [ ]

Credit Card Number: _____

Expiration Date: ____/____ Visa and Mastercard only

CVV: _____ Visa: [ ] Mastercard: [ ]

Cardholder Signature: _____

Name on Credit Card: _____

Billing Address: _____

City: _____

County: _____

State/Country: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Zelle to phone number:

619-572-2731

Must include Name and Studio

(No admin fee :)

3) Mail To:

Ballroom Beach Bash
8355 Station Village Ln. Unit 4320
San Diego
CA 92108

(See Cancellations/Refund Policy section Rules and Regulations sheet)