



TEAM AMERICA
Credit Card Order Form
When paying by Credit Card for warm ups, individual or multiple registrations team events, WOMAA Membership or special divisions, etc. Please use this form.

If paying by Credit Card, All Forms must be sent to:
 W.O.M.A. A. Headquarters, 3 Elm Street,
 Bridgeville, Delaware 19933
 or faxed to: 302-258-1933 or emailed to: womaa@intercom.net
 (Credit Cards may only be used for Pre-Registrations)

If using Credit Card, please fill in and mail, email or fax this form with other registration forms by deadline dates: May 15th, 2008. If received after deadline dates, form will be processed with late fee added. We ONLY Accept MASTERCARD or VISA. We DO NOT accept American Express or Discover Card. Your Credit Card statement will show payment made to: OFF THE HOOK CREATIONS.

Total Team America Registrations: Competitor: \$ _____ Coach: \$ _____ Spectators \$ _____ Kids: 2-3 yrs: \$ _____

Total of Registration Fees: _____

Extra Individual Divisions (after 1st two (2) which are already covered by Competitor Registration Fee)
 \$20.00 ea extra Individual Div. X _____ = Total \$ _____ (Must submit Division Registration form also with this form)

WOMAA Memberships: \$35.00 (U.S.) ea. X _____ = Total \$ _____

Team Competition:

Adult Black Belt Fighting Team: \$ 100.00 per team X _____ team(s) = Total \$ _____

Jr. Team Fighting : \$ 75.00 per team X _____ team(s) = Total \$ _____

Team Forms/Weapons: \$ 65.00 per team X _____ team(s) = Total \$ _____

WOMAA Black Belt Ultimate Forms Grand Championship: (Cash Prize)

Pre-Registration: \$ 50.00 per person X _____ = Total \$ _____

WOMAA Black Belt Continuous Fighting WORLD TITLE BELT

Pre-Registration: \$ 50.00 per person X _____ = Total \$ _____

WOMAA King or Queen of the Ring: (Circle One) (Cash Prize)

Pre-Registration: \$ 25.00 per person X _____ = Total \$ _____

Office Use Only:

Date Received: : _____

C. C. Verified by: _____

Approval Code: _____

Date Approved: _____

Subtotal of Credit Card Charges: \$ _____ add 4 % of total for credit card processing fee \$ _____

Total Amount being charged on this Credit Card: _____ = Total \$ _____

(If using credit card to pay for more than one person or team, then you must submit all registration forms with this form also)
 (Your Credit Card Statement will reflect payment made to: OFF THE HOOK CREATIONS)

If using a credit card we must charge an additional surcharge of 4 % for bank processing.
 If using a credit card fill out the following information: Must be filled out in full and signed or we cannot process Credit Card.
 I will not dispute any of these items or charges that I am incurring by signing this order form. (Only Accept MASTERCARD OR VISA)

Card Number _____ Exp. Date: _____

Name as it appears on the card _____ 3 or 4 Digit Security Code (on back) _____

Billing Address of Credit Card ! _____ City _____ Country _____ Zip _____

Signature of Card Holder : _____

NAME AND ADDRESS of Cardholder

NAME: _____ EMAIL Address: _____

ADDRESS: _____

CITY: _____ COUNTRY _____ ZIP _____

HOME PHONE: () _____ WORK: () _____ FAX Number: () _____

*(Credit Card holders must be a minimum of 18 yrs old) (All credit cards submitted will be verified before processing)