



Int'l Credit Card Order Form
If paying by credit card for any events,
Please use this form
May be used for individual or
multiple persons/teams
(This form not for use by U.S. Competitors)

8

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 email: 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: March 15th, 2007. Credit Cards will be charged in U.S. Dollars Only. If received after deadline dates, form will not be processed and you will have to re-submit with higher fees. We ONLY Accept MASTERCARD or VISA, We do not accept American Express or Discover Card.

Competitors: (1 or 2 divisions) \$45.00 per Person X _____ = Total \$ _____
 Coach' Pass \$25.00 per Person X _____ = Total \$ _____

Total Spectator fees from Registration Page: = Total \$ _____
 (if using this form for more than one person or team please add together from all registration forms and give total amounts)

Xtra Individual Divisions (after 1st two Q) which are already covered by Competitor Registration Fee)

\$10.00 ea extra Individual Div. X _____ = Total \$ _____ (Must submit Division Registration form also with this form)

WOMAA Memberships: \$35.00 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 \$ _____

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 Ultimate Point Fighting Grand Champs: (Cash Prize)
 Pre-Registration: \$50.00 per person X _____ = Total \$ _____

Sub total 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)

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 : _____

13. 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)

Office Use Only:	
Date Received: :	_____
C. C. Verified by:	_____
Approval Code:	_____
Date Approved:	_____