

Knecht Cup Regatta

CREDIT CARD INFORMATION:

Card#: _____

Expiration Date: _____ (MasterCard) (Visa)

Name on card: _____

V-Code (3 Digit Security Code from rear) _____

Billing Address: _____

Billing Zip Code: _____

Contact Phone Number: _____

Amount to be charged: \$ _____

SIGNATURE: _____ (Customer)

Date: _____

ACCEPTED BY: _____

Knecht Cup Regatta Agent

Date: _____

Thank you for your interest in our regatta!

Please Fax to:

Knecht Cup Regatta

Fax #: (215) 402-0175

For questions email: rowsaint@comcast.net

Purchase Notes: (for staff use.)
