

ENTRY FORM



Ship birds with payment to
Becky Mazzurco
c/o Gator Classic One Loft Race
41915 Lillian Lane
Weirsdale, FL 32195

352-553-6788

Loft Name:
Full Name:
Address:
Telephone:
Email:

BAND NUMBER	COLOR

Credit Card Information				
Card Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other			
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date: /				
Cardholder ZIP Code (from credit card billing address):				

I, _____, authorize Gator Classic One Loft Race to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature

Date