**U.S. Academic Pentathlon**

**National Finals-May 19-20, 2017**

**Minneapolis, MN**

**Additional Breakfast Form**

**School: State:**

**Directions:** Please indicate the number of additional individuals for each event.

**Additional Meals for Friday, May 19, 2017**

\_\_\_\_\_ Breakfast **$ 20.00 each** $\_\_\_\_\_\_\_\_\_\_\_

**TOTAL $** \_\_\_\_\_

Breakfast on Friday is provided for up to nine team members and one official coach. *(You will be provided with one coach meal in addition to participant meals corresponding with the number listed on your official roster.)*

**Method of Payment:**

 Check (payable to USAD):  Credit Card: Visa and MasterCard accepted

(A $5.00 transaction fee will be added to each transaction.)

Ck# \_\_\_\_\_\_\_\_\_\_\_

**T**he following information MUST be provided when paying by credit card.

**Please print legibly**

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CREDIT CARD BILLING ADDRESS **REQUIRED** FOR CREDIT CARD ORDERS)

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_

 VISA  MASTERCARD

Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(THE CARDHOLDER'S SIGNATURE MUST BE ON FILE AT USAD TO PROCESS CREDIT CARD ORDERS)

***Please note: Email and fax security is not guaranteed***

**Form MUST be received by May 1, 2017**

**USAD**

**PO Box 4351**

**Mankato, MN 56002**

[**pentathlon@usad.org**](mailto:pentathlon@usad.org)