

SACRAMENTO STATE
AQUATIC CENTER

Credit Card Payment Form

Name on Card: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ or _____

Email: _____

Program: _____ Date: _____

Student: _____

VISA/MC#: _____

Name on Card: _____

Expiration Date: _____

Amount to Charge: _____

Printed Name: _____

Signature: _____

CVC Code: _____

Thank You. We know you'll enjoy the experience!

Please fax form to (916) 278-1105 or mail to the Sac State Aquatic Center at
1901 Hazel Avenue, Gold River, CA 95670