



FITNESS CLASS CREDIT CARD AUTHORIZATION FORM

EMPLOYEE INFORMATION

Name: _____

Phone: _____

Email: _____

FITNESS CLASS SELECTION:

Class(es): _____

Total Amount to Charge: _____

PAYMENT INFORMATION

Credit Card: Visa ___ MasterCard ___

Account No.: _____ Exp. Date: ___/___

Name on Credit Card: _____

Authorized Signature: _____

Payments can be sent to Kristin Kipp. This form can be faxed to 8-7948. You can also send it through interoffice mail to Schroeder Complex 244 or drop it off in Cramer Hall 004A.

For more information contact:
Kristin Kipp at 288-5607 or kristin.kipp@marquette.edu