

**UNITED STATES ACADEMIC PENTATHLON
2016 NATIONAL FINALS
Boise, Idaho**

ADDITIONAL TEAM CELEBRATION MEAL

School: _____ **State:** _____

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

Additional Meals for Friday, May 20

_____ Dinner @ \$ 15.00 each \$ _____
TOTAL \$ _____

Dinner 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):

Ck# _____

☐ Credit Card: Visa and MasterCard accepted
(A \$5.00 transaction fee will be added to each transaction.)

**The 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 6, 2016

USAD

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