

Credit Card Payment - UCSB Adventure Programs

NO DEPOSITS

Cardholder Information (Please Print Clearly)

Name(As it Appears on Card) _____

Billing Address _____

City _____ State _____ Zip _____

Day Time Phone _____ E-mail Address _____

Credit Card # _____

Expiration Date _____ Credit Card (CCV) Security Code _____
The 3 digit code that appears on the back of your card

Cardholder's Signature

Now Accepting
Visa & MasterCard



Cancellation Policy:
Refer to website for cancellation
policy on the programs for which you
are registering.

www.recreation.ucsb.edu

(805) 893-3737

1 _____
Participant's Name Activity Fee

2 _____
Participant's Name Activity Fee

3 _____
Participant's Name Activity Fee

Total \$ _____

DO NOT FAX

Mail To:
Recreation/Adventure
UCSB
Santa Barbara, CA 93106-3025

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