

**Nancy Emerson School of Surfing, Aloha Surf Clinics With
Nancy Emerson, Gold Coast Australian School of Surfing
Credit Card Authorization Form**

Date:.....

I,.....
hereby authorize Nancy Emerson (name as appears on credit card) School of Surfing DBA
Island Vision Productions, Aloha Surf Clinics With Nancy Emerson or Gold Coast Australian
School of Surfing to charge my :

Credit card.....(type of card).....

Account: #.....Expiration Date:.....CCV #

In the amount of \$.....including taxes for payment of travel
arrangements and/ or surf clinics for myself and/ or

.....
(names of people other than cardholder)

My billing address is:.....
(street address) no post office box or what Billing address is.

.....
(city state zip/post code country)

Phone:
(home) (mobile/cell) (work)

Signature of cardholder:.....

Destination:.....

Travel Dates:.....

Dates of Surfing Clinic.....

Type of Surfing Clinic.....

Cancellation Policy: Cancel 60+days prior start date of clinic, your deposit will be refunded
minus a \$315. Administrative booking fee. Cancel 45-59 days prior to start of your surfing
clinic, we will refund any monies paid less 60% of your clinic. Cancel 0-44 days prior to start
date of your surfing clinic, you must pay the full cost of your surfing clinic, (no refund)
Note: Charges will appear on your statement under the name of Island Vision Productions/
Nancy Emerson.

Please fill in completely and sign. You may fax to: (808) 356-0700 or scan and email to
Malibu@surfclinics.com