

**Australian School of Surfing / Nancy Emerson 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 and Australian School of Surfing to  
charge my credit card.....  
(type of card)

Account: #.....Expiration date:.....No:# back.....

In the amount of \$.....including taxes for payment of travel arrangements  
and/ or surf clinics for myself and/ or .....  
(names of pax other than cardholder)

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