

ADULT OPEN COMPETITION VILLARD-DE-LANS
May 17-19, 2002

AUTHORIZATION FORM

I, the undersigned
(Je soussigné(e))

Name:
(nom)

Address:
(adresse)

authorize the CREDIT LYONNAIS, agency # 2639
27 av Francs Tireurs, 38250 Villard-de-Lans

to debit my credit card n°

(autorise le CREDIT LYONNAIS, agence 2639
27 av Francs Tireurs, 38250 Villard-de-Lans
à débiter ma Carte de Crédit n°)

date of expiration type:

by the amount of EURO
(d'un montant de EURO)

Date:

Signature: