



Credit Card Authorization Form

Please complete the shaded areas on this form and fax it directly to the hotel you will be staying at along with a *photo copy (Front and Back) of your credit card*. If you have any questions, call us toll-free at 1-877-783-1490.

Date: _____ Name: _____

School/Team: _____ Sport: _____

Tel.: _____ Fax: _____ Email: _____

Destination Information:

Site #: _____ Hotel Name: _____ City: _____ State: _____

Hotel Telephone #: _____ Hotel Fax #: _____

Arrival Date: _____ Confirmation #: _____

Departure Date: _____

Credit Card Information:

The following charges are AUTHORIZED to be applied to Master Account:

All Charges: _____
Room & Tax Only: _____
Incidentals for Staff Only: _____
Incidentals for Players: _____
Miscellaneous (please specify): _____

This letter AUTHORIZES the above mentioned Hotel to use the following credit card for Master Account:

Type of Credit Card: _____
Credit Card #: _____
Expiration Date: _____
Name (as it appears on card): _____
Signature of Card Holder: _____