



# 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: \_\_\_\_\_