

New England Regional Pop Warner 2016 Football/Cheerleading Championships

Housing Information

CREDIT CARD AUTHORIZATION FORM

PLEASE NOTE: I authorize the below hotel to charge the credit card as indicated below and any outstanding balance not covered by my advance payment, in the event that charges are not completely settled upon conclusion. I also acknowledge that I am responsible for any charges that incur if I decide to cancel this reservation. Hotels will have their designated cancellation dates, please check with them.

Hotel: _____ Association Name: _____
_____ Team Name: _____

Credit Card Billing Information as it appears on your account.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

PAYMENT INFORMATION: VISA **OR** MASTER CARD **OR** AMERICAN EXPRESS

CARD # _____ **EXP. DATE:** _____

CARDHOLDER NAME: _____
PLEASE PRINT HERE

CARDHOLDER'S SIGNATURE: _____

Print this form and fill it out in it's entirety with the exception of the signature line

NOTE: ALL ROOMS MUST BE HELD WITH A VALID CREDIT CARD NUMBER