



**CREDIT CARD AUTHORIZATION FORM**

Event Name: \_\_\_\_\_

Group/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Type: \_\_\_\_\_

CRV# on back of card \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ I authorize charges relating to my event at The Village at Squaw Valley to be charged to the above referenced credit card.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:  
The Village at Squaw Valley  
Groups Sales Department  
P.O. Box 2025  
Olympic Valley, CA 96146  
**Fax: 530-452-4360**