



Commission Authorization Form

This form must be reviewed and approved by SVAM

Event Name: _____

Group/Company Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone #: _____

Group IATA #: _____

Federal Tax ID #: _____

Tax ID #: _____

Billing Address: _____

Physical Address: _____

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