



www.vailcascade.com  
Sunday, January 18, 2009  
to Sunday, January 25, 2009

### Credit Card Authorization

Payment Method: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

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

Name as it appears on card: \_\_\_\_\_  
(Please Print)

Travelers name (if different): \_\_\_\_\_  
(Please Print)

**Amount to be charged to this card: \$** \_\_\_\_\_

**Trip Destination:** Vail, Colorado (Vail Cascade Resort & Spa)

**Travel Dates:** Sunday, January 18, 2009 to Sunday, January 25, 2009

Florida Ski Adventures will process this charge as per your request in the amount shown above. Cardholder has read and agrees to the Cancellation Policy set forth in the Florida Ski Adventures trip application form. Each transaction will require an additional signed credit card authorization form.

**CARDHOLDER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder Billing Address:** \_\_\_\_\_

\_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Cardholders Email Address:** \_\_\_\_\_

Mail (via U.S. Postal Mail) completed and signed form to the following address:  
Florida Ski Adventures  
15207 Lake Maurine Drive  
Odessa, FL 33556

**OR**

Fax completed and signed form to 813-920-5353.