



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.