

2015 CAPITAL ONE BOWL
PRE-GAME PERFORMANCE
ACCOMODATIONS AT THE  Resort

If anyone would like to charge their balance of payment on a credit card, we accept VISA, MasterCard, American Express or Discover. Below list the person wishing to charge, their credit card number, expiration date and amount to be charged along with their signature.

***WE MUST HAVE YOUR FULL BILLING ADDRESS IN ORDER TO PROCESS A CHARGE.**

Card Holder Name

Address (city, state, zip)

Team/School Name

Team/School Address (city/state/zip)

VISA MC AMEX DIS Exp. Date ____/____/____

Card #

Amount Charged _____ Deposit
 Balance of Payment

Signature _____

Daytime or Cell Phone # (_____) _____

Email _____

Card Holder Name

Address (city, state, zip)

Team/School Name

Team/School Address (city/state/zip)

VISA MC AMEX DIS Exp. Date ____/____/____

Card #

Amount Charged _____ Deposit
 Balance of Payment

Signature _____

Daytime or Cell Phone # (_____) _____

Email _____

Please complete this form for each charge (i.e. send one for deposit and another form for balance due.)

You may charge your entire account at once. THIS FORM MAY BE DUPLICATED