UMassAmherst

Residence Hall Credit Card Authorization Form

Name of Event: Date of Event: Lodging Type: Return by:	National Club Championship July 18 – 22, 2019 Commonwealth Honors College Residential Community (CHCRC) Suites July 3, 2019		
Participant Name:			_
I,	, authoriz	ze UMass Conference Services to c	harge
my	card,		_, with
expiration date	, in the event	of any residence hall damages, unr	eturned
room key(s) and/or u	nreturned access card(s). I unc	derstand that \$50.00 will be charge	d for each
lost/damaged key and	d \$20.00 will be charged for ea	ach lost/damaged access card. The	billing
address for this card	is		
The 3-digit security of	on the back of the card (or on t	the front of the card for American I	Express)
is:			
		Signature of Card Holder	
		Print Name	
		Date	

This form may be returned by fax or mail, or you can call the UMass Registration Office to complete it by phone. Do not return this form by email.

Phone: 413-577-8102Fax: 413-577-8130Mail: Conference Services/Club, 810 Campus Center, 1 Campus Center Way,
University of Massachusetts, Amherst MA 01003