	UMas	ssAmherst
		dit Card Authorization Form
Program Name:	Needham Memorial Day Se	occer Tournament
Program Dates:	May 25 — 28, 2018	
Lodging Type:		ollege Residential Complex (CHCRC)
Return by:	May 18, 2018	
Main Contact N	lame:	
l,		, authorize UMass Conference Services to charge my
	Card holder name	
	card,	, with expiration
Card type (Visa, Master	Card, Discover, AmEx)	Card number
date	, in the event of an	y residence hall damages, unreturned room key(s) and/or unre-
Expirati	on date	
turned access card	d(s) for any guest in my party. I ur	nderstand \$50.00 will be charged for each lost/damaged key and
\$20.00 will be cha	rged for each lost/damaged acce	ss card. I authorize UMass Conference Services to charge this card in
the event that I st	ay an additional night not origina	lly reserved due to championship play and/or tournament schedule
changes. The hillin	ng address for this card is	
		Street number, street name, city, state, zip
	The	e 3-digit security is:
	eet name, city, state, zip	<i>CVV</i>
Su cer number, su		
		Signature of Card Holder
		Print Name
		Date
This form ma	v be returned by fax or mail. or vo	ou can call the UMass Registration Office to complete it by phone.
		return this form by email.
	<i>Phone</i> : 413-577-8102	
		LCA, 810 Campus Center, 1 Campus Center Way,
	University of M	lassachusetts, Amherst MA 01003)