



Credit Card Authorization and Sign-Up Form

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Cell (603) 289-0921

DATE: _____

Alp D'Huez, FRANCE
JAN. 21-29, 2023

BOOKING # _____

QUOTED DOUBLE RATE: Club Med –SHARED OCCUPANCY currently estimated at \$ 3594.00* per person.
QUOTED SINGLE RATE: Club Med –SINGLE/OCCUPANCY currently estimated at \$ 4461.00* per person.

(Call/Email for current rate)

**Rates are subject to change until secured with ALL the information filled in below*

Group Name : SKI CLUB of LOCKPORT Group Leader : SHEILA FLANAGAN

NAME #1: _____ (as it shows on your passport)
(Must expire later than JUL.29, 2023)

NAME #2 _____ (as it shows on your passport)
(Must expire later than JUL.29, 2023)

Name #1 Name #2
Cell: _____ Cell: _____

Email: _____ Email: _____

Date of Birth: _____/_____/_____ Date of Birth: _____/_____/_____

Mailing Address: _____ Mailing Address: _____

Or Credit _____

Card Billing Address: _____

I authorize the DEPOSIT amount of \$ _____ for vacation payment.

FINAL PAYMENT is due on Dec.10th, 2022. (approximately)

I _____ hereby authorize Club Med Sales to charge my _____
(Name of Cardholder-printed)

(Credit Card Type)

(Credit Card Number)

(Exp. Date)

(CCV 3 digit number/4 digit for AMEX)

(Authorized Signature)

(Date)

*Rate includes: Roundtrip air from Buffalo, Roundtrip transfers airport to resort, 7 Nights Lodging @ Club Med, skiing (with certified guides/instructors), locally inspired dining-all meals, full open bar day and night, apres ski activities & parties, taxes, Medical cancellation insurance.

*EMERGENCY CONTACT NAME: _____ EMAIL: _____ CELL: _____