

May 6-10, 2009

National High School Mock Trial Championship—Atlanta, Georgia

# CREDIT CARD AUTHORIZATION FORM

HYATT REGENCY DOWNTOWN ATLANTA

Due by 10 April 2009



State Delegation: \_\_\_\_\_

**INSTRUCTIONS:** All reserved hotel rooms require a credit card authorization form to hold the reservation. Complete this form to hold the rooms you reserved through the Georgia mock trial office for your team. Those teams or individuals not completing and/or properly submitting the credit card authorization form are subject to losing their room reservation.

This form **must** be submitted **with** the hotel reservation form to: the Georgia Mock Trial Office before **10 April 2009**. Contact Stacy Rieke at the mock trial office with any questions about hotel room reservations.

Team/School Name: \_\_\_\_\_

OR INDIVIDUAL NAME: \_\_\_\_\_

Dates of Stay: \_\_\_\_\_

I hereby authorize the **HYATT REGENCY DOWNTOWN ATLANTA** to use my Credit Card for the following.

(Please check one) \_\_\_\_\_ **All Charges** \_\_\_\_\_ **Room and Tax** \_\_\_\_\_ **Payment of exactly \$** \_\_\_\_\_

Type of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name Printed: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**NOTE: Please forward a FRONT AND BACK copy of the credit card with the authorization or reservations will not be processed.**

**For the following:**

Number of Rooms Total for this team/individual: \_\_\_\_\_

Chaperones Name and Phone Number: \_\_\_\_\_

Name of People in each room - please indicate all roommates: (*Example: Room 1 John Smith, Jay Jones...*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Hotel Sales/Catering Manager Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**NOTE: A non refundable deposit of one night's room and tax will be taken for each reservation for this group at the time of booking (after 4/10/09).**