



ATHLETE CREDIT CARD AUTHORIZATION

Required for FIS athletes, U14/U16 Regional Champs Team and FW Camps Only

Athlete Name: _____ Account Holder: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ E-Mail Address: _____

Telephone: _____ Cell Phone: _____

Visa/MC ONLY Account Number: _____

Exp: _____ / _____ VIN # _____ *VIN is a 3-digit value printed on the back of your credit card.

I, the undersigned holder of the credit card identified above, do hereby authorize Far West Skiing to charge the aforementioned credit card for expenses for the above identified racer upon notice from the racer/athlete, coach or parent that the racer/athlete is selected for and chooses to participate in such event.

The undersigned releases Far West from any liability to us otherwise incurred when the credit card is used pursuant to the aforementioned notification. The undersigned has read and understands the Far West Team Travel Information Sheet and accepts responsibility for such charges.

[Please Print Name]

[Signature]

[Date]

Please return to:
Far West Skiing
PO Box 2664
Truckee, Ca 96160
Email: lucy@fwskiing.org
Fax: 1.866.739.2993

