

The Coeur d'Alene Resort Golf Course

900 S. Floating Green Drive | Coeur d'Alene, ID 84814 Phone: 800-935-6283 Fax: 208-667-5683. cdaresort.com

	GOLF EV	ENT INFORMATION		
	Group Name:			
	Contact Phone:			
BILLING INFORMATION The Coeur d'Alene Resort Golf Course thanks you for your reservation and is looking forward to providing the ultimate golf experience for your guests. It is our understanding a credit card account is being provided for use as a payment method of funds for individuals and/or guarantee for this group event under the guidelines of the group contract with The Coeur d'Alene Resort Golf Course. Prior to				
	ng rendered, this form must b ntative at The Coeur d'Alene F		turned to you	ur assigned
I,, hereby authorize usage of the credit card account provided below for the purpose of payment and/or contract guarantee for all charges agreed upon in my contract or any other written communication implying group billing for rendered services by The Coeur d'Alene Resort Golf Course.				
GOLF GREENS FEES FOOD & BEVERAGE OTHER				
In accordance agree to waive	with the signed contract, I, all disputes and pay all ch	arges prior to play on the	golf course	, additionally
Any calculated golf course charges will be charged on the day of play unless another method of payment is provided on the day of play. The signature below is a guarantee of 100% payment on the day of play and must be signed in accordance with the group contract.				
	CREDIT CAR	D ACCOUNT NUMBER:		
		Expiration:	/	CVV:
CARI	O HOLDER MOBILE PHON	E NUMBER:		
NAME ON CREDIT CARD (PRINT): BILLING ZIP C		LING ZIP CO	DDE:	
AUTHORIZED	SIGNATURE:			
Please scan, attach document to email and send to our secure account, golf@cdaresort.com. Thank you.				