



# St. Anne Country Club

781 Shoemaker Lane  
Feeding Hills, MA 01030

413-786-2088  
www.STANNECC.com

## Credit Card Charge Authorization Form

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Type  Visa  Mastercard  Amex  Discover

Expiration Date \_\_\_\_\_ CVV# \_\_\_\_\_

Bill Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned customer agrees that if he/she fails to cancel their reservation within 2 (two) hours of actual tee time, above credit card will be charged by St. Anne Country Club the current daily rate for unused ("no show") tee time.

**Name (Print)** \_\_\_\_\_

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

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