



Credit Card Authorization Form

The Revere Golf Club
2600 Hampton Drive
Henderson, NV 89052
(702) 617-5710 phone
(844) 272-1315 fax

Card Holder Information: (Please Print)

Name: _____ Phone: _____

Event: _____ Event Date(s): _____

Card Type: Visa/ Master Card/ American Express

Card Number: _____ Expiration: _____

I authorize Revere Golf Club to charge the above credit card as outlined above for Items to be placed on card.

Signature: _____ Date: _____
