

# LAKE OF ISLES

EXPERIENCE TROON GOLF®

*1 Clubhouse Drive, North Stonington, CT 06359*

Credit Card Charge Authorization  
**Fax #860-396-6260**

I \_\_\_\_\_ authorize Lake of Isles to charge my credit card below.

Event Name & Date \_\_\_\_\_ Education Golf Tournament - June 21, 2016 \_\_\_\_\_

Amount \$ \_\_\_\_\_

**Credit Card Information:**

Name as It Appears on the Credit Card:

Credit Card Number:

Credit Card Expiration Date:

(Visa, Master Card & American Express only)

**Signature of Card Holder:** \_\_\_\_\_

Cardholder to initial applicable action authorized.

**Company Name:** \_\_\_\_\_

**\*\*For Further Information Contact:  
Cheryl Allen at 860.396.2089 or [cheryllallen@mptn.org](mailto:cheryllallen@mptn.org)**