

LAKE OF ISLES

EXPERIENCE TROON GOLF®

1 Clubhouse Drive, North Stonington, CT 06359

Credit Card Charge Authorization
Fax # 860-396-6139 Attn: Dwaine Butler

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

Event name & Date Drive 4Diabetes Golf Tournament • September 9, 2019

Amount \$ _____

Credit Card information:

Name as It Appears on the credit Card:

Credit Card Number:

(Visa, Mastercard & American Express only)

Credit Card Expiration Date:

Credit Card Security Code:

Zip Code of Billing Address:

Signature of Card Holder: _____

Cardholder to initial applicable action authorized.

Company Name: _____

For further information regarding Golf Tournaments Contact:
Dwaine Butler at Phone: 860.396.2139 | email: DButler@mptn-nsn.gov