



FOUNDED 1849

SOUTHERN YACHT CLUB

Guest Credit Card Authorization Form

Today's Date: _____

Event Name: _____ Dates: From _____ To _____

Card Type: _____ Visa _____ Master Card

Name as appears on Credit Card: _____

Credit Card Billing Street Address: _____

Credit Card Billing City: _____

Credit Card Billing State: _____ Zip: _____

Card Number: _____ Exp _____ CVV _____

Driver's License State: _____ Number: _____

Home Street Address (if different from Billing): _____

Home City: _____

Home State: _____ Zip: _____ Email: _____

Phone Number: _____ Type: _____ Mobile _____ Home _____ Other

Club Affiliation: _____

I agree to allow Southern Yacht Club to charge the credit card I provided here for products and services I receive from Southern Yacht Club during the event or dates above.

Signature Date

Deliver completed form to the club office or email it to controller@southernyachtclub.org.
Upon check-in at the club, you will receive a Guest Card valid for the duration of your visit.

To be completed by SYC

Clubessential Member Number _____