

VISA/MASTERCARD PAYMENT AUTHORIZATION FORM

Name as it appears on the credit card:

Name as it appears on the permit to be issued to you by Glacier Bay National Park:

**Total number of trip participants and take out date as assigned by
Glacier Bay National Park:**

| | |
|-------------------------|----------------|
| Number of participants: | Take out date: |
|-------------------------|----------------|

Mailing address of card holder:

Mailing address of trip leader, if different from card holder:

Phone number including area code of where the card holder can be reached:

Email address:

Payment for Tatshenshini Alsek Park River Rafting Fee

Please bill my **VISA** **MASTERCARD** in the amount of \$ _____

Card Number

Expiry Date

Signature _____

Please note: The credit card information provided on this form will not be retained.
Upon authorization of the payment request all credit card information will be destroyed.

Please fax to the Ministry of Environment, Park Use Permits at: 250-387-1695.

OFFICE USE ONLY:

ATA: Client # _____ Tracking # _____ Authorization # _____