



**Email this completed form to
Party@misconducttavern.com**

Reserve An Event Now With This Credit Card Authorization Form

I _____ authorize Misconduct Tavern, to process my credit card.

Location _____ Number of Guests _____

Date of Event _____ Time of Event _____

Food Menu Package _____

Beverage Menu Package _____

Contact Name _____

Name on Credit Card (if different from above) _____

Card Number _____ Expiration Date _____

Billing Address _____

City/State/Zip _____

Daytime Phone Number _____

Email Address _____

Authorized Signature _____

Please indicate billing instructions:

- Event Billing
- Event Space Hold
- Other

* Please note if you fail to pay through another method at time of payment, all charges will be applied to the above credit card. There will be a \$300 cancellation fee if you cancel within 48 hours of the event. Thank you.