

**CREDIT CARD AUTHORIZATION
(VISA or MASTERCARD ONLY)
(PLEASE PRINT WITH BLACK INK)**

TOURNAMENT LOCATION LAS VEGAS, NV April 1-2-3-4, 2010

TEAM NAME _____

NAME OF CARDHOLDER _____

CARD NUMBER _____

EXPIRY DATE ____/____/____ **CHECK TYPE OF CARD** VISA MASTERCARD
Mo Yr

AMOUNT TO BE CHARGED IN U.S. FUNDS:

\$395.00 PLAYER'S WEEKEND PACKAGE OR \$650.00 COUPLES WEEKEND PACKAGE

NUMBER OF EXTRA NIGHTS STAY @ \$60.00 U.S. PER PERSON PER NIGHT.
(BASED ON TWO ADULTS SHARING A ROOM) INCLUDING HOTEL TAXES

TOTAL COST OF EXTRA NIGHTS STAY \$ _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____

Option #1:

CHECK YOUR WEEKEND PACKAGE: \$395.00 U.S. Player \$650.00 U.S. Couple

PLAYERS BILLING: \$100.00 U.S. Now \$295.00 U.S. Feb. 01/10
COUPLES BILLING: \$200.00 U.S. Now \$450.00 U.S. Feb. 01/10

Option #2:

Tournament entry fee: \$1875.00 U.S.
Entry fee payment: \$900.00 U.S. Now \$975.00 U.S. Feb. 01/10

**I CERTIFY THAT I AM THE LEGAL CARDHOLDER AND AUTHORIZE THE ABOVE
NOTED CHARGES TO MY CREDIT CARD.**

CARDHOLDER SIGNATURE _____

PRINTED NAME _____

UPON COMPLETION PLEASE RETURN VIA FAX TO: 1-613-482-4674

OFFICE USE ONLY:

1ST PAYMENT
2ND PAYMENT