

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

**TOURNAMENT LOCATION**   LAS VEGAS, NV  November 4-5-6-7, 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

|  |                                  |
|--|----------------------------------|
| <b>PLAYERS BILLING:</b> <u>\$100.00 U.S.</u> Now | <u>\$295.00 U.S.</u> Sept. 04/10 |
| <b>COUPLES BILLING:</b> <u>\$200.00 U.S.</u> Now | <u>\$450.00 U.S.</u> Sept. 04/10 |

**Option #2:**

**Tournament entry fee:** \$1875.00 U.S.

**Entry fee payment:** \$900.00 U.S. Now \$975.00 U.S. Sept. 04/10

**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**