

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

TOURNAMENT LOCATION LAS VEGAS, NV November 1-2-3-4, 2012

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: <u>\$100.00 U.S.</u> Now	<u>\$295.00 U.S.</u> Sept. 01, 2012
COUPLES BILLING: <u>\$200.00 U.S.</u> Now	<u>\$450.00 U.S.</u> Sept. 01, 2012

Option #2:

Tournament entry fee: \$1875.00 U.S.

Entry fee payment: \$900.00 U.S. Now \$975.00 U.S. Sept. 01, 2012

**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**