

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

TOURNAMENT LOCATION LAS VEGAS, NV Nov. 6-7-8-9, 2008

TEAM NAME _____

NAME OF CARDHOLDER _____

CARD NUMBER _____

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

AMOUNT TO BE CHARGED IN U.S. FUNDS:
\$375.00 PLAYER'S WEEKEND PACKAGE OR \$610.00 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: ____ \$375.00 U.S. Player ____ \$585.00 U.S. Couple

PLAYERS BILLING: \$100.00 U.S. *Now* \$275.00 U.S. *Sept. 06/08*
COUPLES BILLING: \$200.00 U.S. *Now* \$410.00 U.S. *Sept. 06/08*

Option #2:

Tournament entry fee \$1875.00 U.S.

Entry fee payment: \$875.00 U.S. Now \$1000.00 U.S. Sept. 06/08

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**