

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

TOURNAMENT LOCATION ATLANTIC CITY, NJ April 29-30-May 01, 2011

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:

\$290.00 PLAYER'S WEEKEND PACKAGE OR \$490.00 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: \$290.00 U.S. Player \$490.00 U.S. Couple

PLAYERS BILLING: <u>\$100.00 U.S.</u> Now	<u>\$190.00 U.S.</u> Feb. 29/11
COUPLES BILLING: <u>\$200.00 U.S.</u> Now	<u>\$290.00 U.S.</u> Feb. 29/11

Option #2:

Tournament entry fee: \$1895.00 U.S.

Entry fee payment: \$900.00 U.S. Now \$995.00 U.S. Feb. 29/11

**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