



CREDIT CARD DEPOSIT AUTHORIZATION FORM

Name of Participant: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date of Function: Arrive January 8th 2019 and Depart January 13th 2019

Description of Charges: 50% Deposit (per individual) for 30th Annual Wigwam Interclub 2019

Deposit Amount: (CIRCLE THE ONE THAT CORRESPONDS TO YOU)

AMATEUR GROUP		
SINGLE	DOUBLE 2 GOLFERS ROOM	DOUBLE 1 GOLFER ROOM
\$1165.50	\$781	\$1269

PROFESSIONAL GROUP	
W/O SPOUSE	W SPOUSE
\$186.50	\$283.50

Date for Billing Deposit: _____

Credit Card: American Express () Visa ()
 Mastercard () Diners Club ()
 Carte Blanche () Discover Card ()

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Name of Card Holder: _____

Authorization Number: _____

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 Signature of card holder: _____

EMAIL COMPLETED FORM TO KEITH KALNY, TOURNAMENT HOST – KKMNGOLF@YAHOO.COM