



**VIP TABLE REQUEST FORM**  
**\$200 Table with 8 Chairs**  
**Special Request \_\_\_\_\_**

Payment Information/Credit Card Authorization (PLEASE PRINT)

- Check payable to Ocala PFHA  
 Credit Card    Visa    Master Card    American Express

Name on Card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security code: \_\_\_\_\_

Billing address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

By completing the above information, you authorize OPFHA to charge the credit card account above  
**THERE IS A 4% PROCESSING FEE THAT IS ADDED TO THE TOTAL**