



NEW YEAR PASO FESTIVAL 2024 TABLE REQUEST FORM

***** NO PHONE REQUESTS WILL BE ACCEPTED *****

**Tables MUST be reserved with 50% non-refundable deposit,
remaining table balance must be paid in full by 1/22/24**

NAME YOU WISH TO DISPLAY ON

TABLE: _____

() New Year Paso Festival Table _____ @ \$200= \$ _____

SPECIAL REQUESTS:

Special requests cannot be guaranteed.

CREDIT CARD AUTHORIZATION

Master Card () Visa () American Express () Discover ()

Account # _____ Exp Date: _____ Security Code _____

Name on Credit Card: _____

Address: _____ City _____ State _____ Zip _____

Telephone# Home () _____ Cell () _____

E-Mail: _____

I/we hereby authorize Ocala Paso Fino Horse Association to charge my above referenced credit card account the total amount of \$ _____.

() Check here if you wish to pay remaining balance with this card on 2/1/24.

All tables must be paid in full by 2/1/24

Signature: _____ Date: _____

Please note that credit cards will be charged upon receipt of this form.

****4% Credit Card Processing Fee added to all Credit Card transactions****

Email this form to: ocalapfhashows@gmail.com