

EXTRAVAGANZA VIP TABLE RESERVATION 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 5/17/24**

NAME YOU WISH TO DISPLAY ON TABLE: _____

- () GOLD TABLE _____ @ \$1,500.00= \$ _____
- () SILVER SPONSOR _____ @ \$1,250.00= \$ _____
- () BRONZE SPONSOR _____ @ \$1,000.00 \$ _____
- () RUBY SPONSOR _____ @ \$600.00= \$ _____

*I prefer to have table (1st choice)# _____ 2nd choice # _____ subject to availability.
Please make sure to provide us with an e-mail address where we can send confirmation & receipt.
Thank you*

REQUESTS MUST BE ACCOMPANIED W/ CREDIT CARD AUTHORIZATION OR CHECK PAYABLE TO: OCALA PFHA.

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 5/17/24. All tables must be paid in full by 5/23/24

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