

# OCALA CUP 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 12/6/24**

NAME YOU WISH TO DISPLAY ON

TABLE: \_\_\_\_\_

( ) DIAMOND SPONSOR \_\_\_\_\_ @ \$2,500.00= \$ \_\_\_\_\_

( ) EMERALD SPONSOR \_\_\_\_\_ @ \$1,250.00= \$ \_\_\_\_\_

( ) GOLD SPONSOR \_\_\_\_\_ @ \$800.00= \$ \_\_\_\_\_ ( )

RUBY SPONSOR \_\_\_\_\_ @ \$600.00= \$ \_\_\_\_\_ ( )

*I prefer to have table (1<sup>st</sup> choice)# \_\_\_\_\_ 2<sup>nd</sup> 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 12/6/24.

All tables must be paid in full by 12/6/24

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**