2025 EXTRAVAGANZA VIP TABLES/ SPONSORSHIP REQUEST FORM

Tables MUST be reserved with 50% non-refundable deposit. Remaining balance MUST be paid in full within 30 days NO EXCEPTIONS
Email this form to: ocalapfhashows@gmail.com

TABLE NAME: _____

( ) EMERALD SPONSOR _____ @ $2,500.00= $_____
( ) GOLD SPONSOR_____ @ $1,500.00= $_____
( ) RUBY SPONSOR _____ @ $1,000.00= $_____
( ) SILVER SPONSOR _____ @ $800.00= $_____
( ) ONYX SPONSOR_____ @ $ 600.00= $_____

I prefer to have table (1st choice)# _____ 2nd choice #_____ subject to availability.
SPECIAL REQUESTS: _____
Special Requests cannot be guaranteed.
Please make sure to provide an e-mail address where we can send confirmation & receipt.

CREDIT CARD AUTHORIZATION

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

Account # _____Exp Date: _____CVV# _____

Name on Credit Card: _____

Address: _____City_____
State_____Zip_____ Telephone #: _____
E-mail: _____

I, we hereby authorize Ocala PFHA to charge my above referenced credit card account the total amount of $_____
Will this same credit card be used to pay the remaining balance within 30 days_____ if so, we will process payment within 30 days.

Signature: _____Date: _____

**** NO PHONE REQUESTS WILL BE ACCEPTED****
REQUESTS MUST BE ACCOMPANIED W/ CREDIT CARD AUTHORIZATION IN ORDER TO BE GUARANTEED.
Email this form to: ocalapfhashows@gmail.com

Please note that credit cards will be charged a 4% processing fee & checks will be deposited upon receipt.