2026 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 _____ @ $2,000.00= $_____
☐ RUBY SPONSOR _____ @ $1,500.00= $_____
☐ GOLD SPONSOR _____ @ $1,250.00= $_____
☐ SILVER SPONSOR _____ @ $1,000.00= $_____
☐ ONYX SPONSOR _____ @ $ 800.00= $_____

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.