

AUGUSTINE GOLF CLUB

WEDNESDAY FEBRUARY 14th | 6PM - 10PM

Valentine's Day **WINE** *Dinner*

CREDIT CARD AUTHORIZATION FORM

Please complete all fields in the following form and e-mail to proshop@golfaugustine.com
or fax back to: 540-720-6381 Attn: Valentine's Day

Credit Card Type: (circle one): American Express Visa MasterCard

Card Holder's #: _____

Expiration Date (mm/yy): _____ Verification #: _____

(For Visa/MC the CVV # is the last 3 digits on the signature panel on the back of the card)

Card Holder's Name (as it appears on the card): _____

Card Holder's Billing Address: _____

Card Holder's Phone #: _____

Attendee Names: Guest 1 _____ Guest 2 _____

Request Seating With: _____

*We will do our best to honor your seating requests; however we can not guarantee preferred seating for all attendees.

Please Charge: \$ _____ to the card indicated above.

Cost: \$60 per person

Special menu requests _____

Authorized Signature: _____

By agreeing to this authorization form, the above indicated cardholder fully understands that all charges are final and non-refundable as of 4pm, February 10th, 2018.

Cancellation Policy:

All Regrets and reservation adjustments must be received by 4pm February 10th, 2018.

