



Easter Brunch

SUNDAY APRIL 21ST

TWO SEATINGS 11:00AM & 1:30PM

LIMITED SEATING - RESERVATIONS REQUIRED

CREDIT CARD AUTHORIZATION FORM

Please complete all fields in the following form and
fax to 540.720.6381 or email proshop@golfaugustine.com.

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

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

Card Holder's #: _____

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

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

Card Holder's Billing Address: _____

Card Holder's Phone #: _____

Reservation Name: _____

Please Circle A Reservation Time: 11:00AM 1:30PM

of Adults: _____ x \$34.95 = _____

of Children (Ages 4-12): _____ x \$14.95 = _____

of Children (Under 4): _____ = COMPLIMENTARY

Cancellation Policy: All Regrets and reservation adjustments must be received by 12pm on Friday, April 19th.

*By agreeing to this authorization form, the above indicated cardholder fully understands that all charges are final and non-refundable as of 12pm on Friday, Friday, April 19, 2019.

Please Charge: \$_____ + 20% Service Charge and 9.3% Sales Tax the card indicated above.

(Total charge to equal number of guests multiplied by corresponding price)

Authorized Signature: _____ Date: _____