



Mother's Day

SPECIAL BRUNCH

May 11, 2025: Seating at 10:30AM & 1:00PM
Limited seating • Reservations required

CREDIT CARD AUTHORIZATION FORM

Please complete all fields in the following form and email rleporati@golfaugustine.com.

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

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

Card Holder's #: _____

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

Card Holder's Billing Address: _____

Card Holder's Phone #: _____

Reservation Name: _____

Please Circle A Reservation Time: 10:30AM 1:00PM

of Adults: _____ x \$39.95 = _____

of Children (Ages 4-12): _____ x \$19.95 = _____

of Children (Under 4): _____ = COMPLIMENTARY

Cancellation Policy: All Regrets and reservation adjustments must be received by 12pm on Friday, May 9, 2025. 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, May 9, 2025.

Please Charge: \$ _____ + 20% Service Charge and 10.3% Sales Tax the card indicated above.
(Total charge to equal number of guests multiplied by corresponding price)

Authorized Signature: _____ Date: _____