

May 12, 2024

## Seatings: 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): A	merican Express	Visa	MasterCard	
Card Holder's Name (as it appears or	n the card):		+++++	
Card Holder's #:				
Expiration Date (mm/yy):				
Card Holder's Billing Address:				
Card Holder's Phone #:				
Reservation Name:				
Please Circle A Reservation Time:	10:30AM 1:00F	PM		
# of Adults:	x \$39.95 =			
# of Children (Ages 4-12):	x \$19.95 =			
# of Children (Under 4):	= COMPLIMEN	ΓARY		
Cancellation Policy: All Regrets and agreeing to this authorization form, trefundable as of 12pm on Friday, Ma	the above indicated			
Please Charge: \$+ 20! (Total charge to equal number of gue	% Service Charge a ests multiplied by c	and 10.3% Sales T corresponding pr	ax the card indicated above. ice)	
Authorized Signature			Data	