



**FLORIDA  
PASO FINO  
HORSE ASSOCIATION**

## 2017 WINTER FESTIVAL PASO FINO SHOW VIP TABLE REQUEST FORM

**\*\*\*NO PHONE REQUESTS WILL BE ACCEPTED\*\*\***

All requests must include payment in full and are non-refundable. If the form is faxed, it must include credit card information.

RESERVATION UNDER: \_\_\_\_\_

( ) VIP TABLE \_\_\_\_\_ @ \$200.00 = \$ \_\_\_\_\_

( ) CLASS SPONSORSHIP \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

**REQUESTS MUST BE ACCOMPANIED W/CREDIT CARD AUTHORIZATION OR CHECK PAYABLE TO FLORIDA PFHA.**

*Table location will be based in the 1) Sponsor 2) Order that reservation have been received and paid.*

*SPECIAL REQUESTS:* \_\_\_\_\_

*Special requests cannot be guaranteed.*

### CREDIT CARD AUTHORIZATION

Master Card ( ) Visa ( ) American Express ( )

Account No. \_\_\_\_\_ Exp Date: \_\_\_\_\_ SEC # \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I/we hereby authorize Florida Paso Fino Horse Association to charge my above referenced credit card account the total amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note that credit cards will be charged and checks will be deposited upon receipt of this form. Please fax this form to (305)675-2823 or e-mail to: [flshows@floridapfha.org](mailto:flshows@floridapfha.org)*