



VINTAGE WEEKEND
REGISTRATION

DECEMBER 3-6, 2009

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Exhibit: Automobile Yacht Airplane None

Do you require Inn accommodations? Yes No

LODGING INFORMATION:

Arrival Date: _____ Departure Date: _____

*A deposit of one night's lodging & room tax will be charged to your credit card.
Deposit will be reimbursed if cancellation is received 7 days prior to arrival.

BILLING INFORMATION:

Number of Participants _____ @ \$375.00 each (plus 7.5% tax = \$403.13)

Ocean Reef Club Members: Bill my ORC Account # _____

Guests: Visa MasterCard Discover American Express

Card Number _____ Exp. _____

Signature _____

PLEASE PROVIDE FIRST & LAST NAMES AS THEY SHOULD APPEAR ON NAME TAGS:

#1. _____ #2. _____

#3. _____ #4. _____

#5. _____ #6. _____

Please return this form to:
Islande Dillon ~ Tel. (305) 367-5896 ~ Fax (305) 367-5945