



1052 Claussen Road - Augusta, Georgia 30907 - I-20 Exit 199 - (706) 737-5550

# MASTERS 2012 RESERVATION CONTRACT

Name \_\_\_\_\_ Confirmation \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Accommodations:** Please fill in the number of rooms needed each night.

Date	<i>SINGLE</i>	# Rooms	<i>DOUBLE</i>	# Rooms	<i>SUITE</i>	# Rooms	Total for Day
<b>Sunday 4/1</b>	300.00		325.00		400.00		
<b>Monday 4/2</b>	300.00		325.00		400.00		
<b>Tuesday 4/3</b>	300.00		325.00		400.00		
<b>Wednesday 4/4</b>	300.00		325.00		400.00		
<b>Thursday 4/5</b>	300.00		325.00		400.00		
<b>Friday 4/6</b>	300.00		325.00		400.00		
<b>Saturday 4/7</b>	300.00		325.00		400.00		
<b>Sunday 4/8</b>	300.00		325.00		400.00		

Total For Stay:		Tax (13 %)		Tax (\$1 per night)		Total	
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**Special Requests:** \_\_\_\_\_

\*We cannot guarantee your smoking preference but will try our best to accommodate it and other requests you may have.

**Payment:** \_\_\_ I have enclosed a check or money order for the above total amount.

(Check One) \_\_\_ Please charge my credit card for the above total amount now.

Credit card # \_\_\_\_\_ Exp Date \_\_\_\_\_

CID Number \_\_\_\_\_ Card Holder Name \_\_\_\_\_

*I agree to and understand that this reservation is totally non-cancelable and non-refundable. Full pre-payment is required.*

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

Please send my confirmation by: \_\_\_fax \_\_\_email

\*If you do not receive a confirmation letter, please call us to verify the reservation.

Reservation is not guaranteed until credit card is charged.

[www.qualityinnaugusta.com](http://www.qualityinnaugusta.com)

\*\*\*\*\*PLEASE COMPLETE, SIGN, AND FAX TO (706) 739-0219\*\*\*\*\*