

ASA Girls' A 18 Under National Qualifier
July 3 – 5, 2009
Redding, California

PAYMENT & CONTACT FORM

Please submit this form along with your **\$425.00 Tournament Entry Fee** to:
Assistant Tournament Director, Sue Roi at:
City of Redding, 1250 Parkview Avenue, Redding, CA. 96001
Fax: 530-225-4585

If paying by check: Make check payable to: **City of Redding**

If paying by credit card:

I hereby authorize the use of my credit card:

Type of Card (circle one) Visa Mastercard

Card Number _____

Expiration Date (month/year) _____

Name as it appears on the card _____

Signature _____

Address where credit card statement is mailed (include zip code)

Team Name _____

Managers Name _____

Managers Mailing Address _____

City _____ **Zip Code** _____

Home Phone _____

Work Phone _____

Cellular Phone _____

Fax Phone _____

Email Address _____

Representing the ASA Association of

_____ and

Region of _____

HOTEL RESERVATION INFORMATION

Hotel Name: _____

Hotel Address: _____

City: _____ Hotel Phone Number: _____

Arrival Date: _____ Hotel Room Number: _____

Number of Rooms Reserved: _____