



Name \_\_\_\_\_ Handicap \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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

Package *Puma Elite Invitational 2008* JetSet Elite Rep \_\_\_\_\_**Business Class @ \$3,000 per person** (non golfing @ \$2,400 per person) includes:*Based on 4 persons, double occupancy*

- Roundtrip airport transfer from Punta Cana to Cap Cana
- Accommodations in Junior Suite
- Tournament entry fee
- Daily green fees
- Caddy
- Three breakfasts
- Three lunches
- Three open bar cocktail hours, every evening
- Three nightly dinners with selected open bar
- Three nightlife passes with selected open bar

**First Class @ \$4,000 per person** (non golfing @ \$3,400 per person) includes:*Based on 4 persons, double occupancy*

- All the benefits of the **Business Class** Package
- Upgraded room: Luxury Suite – Ocean front, Jacuzzi, direct access to private beach

**Elite @ \$4,500 per person** (non golfing @ \$3,900 per person) includes:*Based on 4 persons, double occupancy*

- All the benefits of the **Business Class** Package
- Seaside villa or villa facing golf course
- Butler and maid service

**Participant and Guest Registration**I \_\_\_\_\_, will be participating in **The Puma Elite Invitational 2008** at Cap Cana, Dominican Republic, October 23<sup>rd</sup> to 26<sup>th</sup>, 2008.Please bill me for the following package for myself:  Please check if only one person Business \$3,000  First \$4,000  Elite \$4,500

Please bill me the following package for a guest:

Golfer:  Business \$3,000  First \$4,000  Elite \$4,500Non golfer:  Business \$2,400  First \$3,400  Elite \$3,900

Name of guest if applicable: \_\_\_\_\_ Handicap \_\_\_\_\_\*



*\* Please note, all guests must sign and return liability form*

As of date of registration, I have an outstanding balance of: \_\_\_\_\_

A non-refundable deposit payment totaling \$1,500 per guest is due at signing.

The remainder of the balance is payable anytime up to and due September 1, 2008.\*

*\*Please note, all reservations without full payment by September 1, 2008 are subject to cancellation without client reimbursement*

TMG Enterprises LLC reserves the right to cancel any registration with a full client refund before June 30<sup>th</sup>, 2008.

Method of payment:       check    credit card    wire (contact us for details)

**Credit Card:**

I agree to the terms of this agreement, and authorize TMG Enterprises LLC to charge my credit card in the amount of :

\_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Remaining balance may be paid by check or credit card

Please mark if remaining balance is to be paid by credit card given

**Check:**

Checks can be made payable to TMG Enterprises LLC.

**Client** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Printed)

**Client** \_\_\_\_\_  
(Signature)