



Name _____ Handicap _____

Address _____

Telephone _____

E-mail _____

Package *Puma Elite Invitational 2008* **Sales Rep** (if applicable) _____
Miami Experience add – on
 Miami, Florida October 18th to 23rd, 2008

Business Class @ \$3,750 per person (non golfing @ \$2,800 per person) includes:

Based on 4 persons, double occupancy

- Five nights accommodations at The Shore Club in superior room with either one king or two queen beds
- Two days golf at La Gorce, Monday and Tuesday
- Two nights nightlife in Miami with table & bottle service, Saturday and Tuesday
- Five continental breakfasts at The Shore Club
- JetSet Elite hosts & hostesses
- Ground transportation to all JetSet Elite events including airport transfers
- Assistance scheduling flights to and from Miami and Punta Cana (for Puma Elite Invitational 2008)

Participant and Guest Registration

I _____, will be participating in **The Puma Elite Invitational 2008 Miami Experience**, October 18th to 23rd 2008.

Please bill me for the following package for myself: Please check if only one person

Business \$3,750

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

Please bill me the following package for a guest:

Golfer: Business \$3,750 Non golfer: Business \$2,800

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 are subject to cancellation without client reimbursement*

TMG Enterprises LLC reserves the right to cancel any registration with a full client refund before June 30th, 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)