

GETAWAY 2010

Payment Form (CHECKS Only)

Name _____

Phone no.() _____

Address _____

City _____ State _____ Zip Code _____

Email address _____

Please reserve ____ room(s) @ **\$100 deposit per room. Total Amount \$** _____

I understand that this payment is non-refundable and confirms my room(s) if my check is received by **March 15**. Please make a payment once a month until \$299 per room is paid in FULL

Make checks payable to **SD4A** and mail to:

SD4A
5833 Bedford Avenue
Los Angeles, CA 90056

GETAWAY 2010

CREDIT CARD AUTHORIZATION (FULL AMOUNT ONLY)

Charge to (Name) _____

Address _____ City _____ Zip _____

Drivers License # _____ Expiration Date _____

(Check one) Mastercard _____ Visa _____ American Express _____

Card No. _____ Expiration Date _____

Please reserve ____ room(s) @ **\$299** per room. Total No. of People ____ **Total Amount \$** _____

Signature _____ Date _____

I understand there are no cancellations or refunds and my room(s) will be reserved if received by **March 15** upon **approval** of the Credit Card transaction.

Please fill-out Authorization Form and mail to:

SD4A
5833 Bedford Avenue
Los Angeles, CA. 90056