



Tournament Credit Card Authorization

Event Chairperson:

Group Name:

Date (s) of Play:

Time (s) of Play: # of Players:

Contact Phone #:

RENTAL CLUBS:

Man / Woman

Right / Left

Regular / Stiff

Cardholder's Name: _____

*Billing Address: _____

City: _____ State: _____ Zip Code: _____

COST - \$75.00 per set which includes 6 Callaway golf balls.

*Credit Card #: _____ Exp: _____

***Cardholder Signature:** _____

**Please email this document to rcarney@iwgr.com or fax to 760-834-3803.

Thank you again for choosing the Indian Wells Golf Resort.