



1052 Claussen Road - Augusta, Georgia 30907 - I-20 Exit 199 - (706) 737-5550

MASTERS 2012 RESERVATION CONTRACT

Name _____ Confirmation _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Accommodations: Please fill in the number of rooms needed each night.

Date	<i>SINGLE</i>	# Rooms	<i>DOUBLE</i>	# Rooms	<i>SUITE</i>	# Rooms	Total for Day
Sunday 4/1	300.00		325.00		400.00		
Monday 4/2	300.00		325.00		400.00		
Tuesday 4/3	300.00		325.00		400.00		
Wednesday 4/4	300.00		325.00		400.00		
Thursday 4/5	300.00		325.00		400.00		
Friday 4/6	300.00		325.00		400.00		
Saturday 4/7	300.00		325.00		400.00		
Sunday 4/8	300.00		325.00		400.00		

Total For Stay:		Tax (13 %)		Tax (\$1 per night)		Total	
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Special Requests: _____

*We cannot guarantee your smoking preference but will try our best to accommodate it and other requests you may have.

Payment: ___ I have enclosed a check or money order for the above total amount.

(Check One) ___ Please charge my credit card for the above total amount now.

Credit card # _____ Exp Date _____

CID Number _____ Card Holder Name _____

I agree to and understand that this reservation is totally non-cancelable and non-refundable. Full pre-payment is required.

Signature _____ Date _____

Please send my confirmation by: ___fax ___email

*If you do not receive a confirmation letter, please call us to verify the reservation.

Reservation is not guaranteed until credit card is charged.

www.qualityinnaugusta.com

*****PLEASE COMPLETE, SIGN, AND FAX TO (706) 739-0219*****