**USAD ACADEMIC PENTATHLON NATIONAL FINALS - 2016**

**AWARDS BANQUET RESERVATION FORM**

**• GUEST •**

**Saturday, May 21**

**8:15 a.m. – 11:30 a.m.**

**Boise State University**

Simplot Room

*1910 University Dr. Boise, ID 83725*

***• This form is for guests to include extra coaches, extra students, parents, and team guests.***

***•*** Tickets must be purchased in advance at a cost of **$35.00 each**. Please submit one check for all tickets, payable to USAD or use the credit card form below.

***•*** Please be advised that guests will be seated in the near vicinity of the team. A maximum of ten (10) people will be seated per table. Seating will be assigned.

***•*** Banquet tickets for guests will be given to the coach at team registration.

***•*** Tickets **ARE** mandatory for entry into the banquet room.

***To purchase banquet tickets, complete and return this order form with full payment to the address below, no later than May 6, 2016.***



STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUESTS: **Please list all guest names. If additional space is needed, please attach additional sheet.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banquet tickets needed \_\_\_\_\_\_\_\_\_\_ at $35.00 each = $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Payment:**

Check (payable to USAD): Ck#\_\_\_\_\_\_\_\_\_\_\_\_



**T**he following information MUST be provided when paying by credit card.

**Please print legibly**

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CREDIT CARD BILLING ADDRESS **REQUIRED** FOR CREDIT CARD ORDERS)

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_

VISA MASTERCARD



Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(THE CARDHOLDER'S SIGNATURE MUST BE ON FILE AT USAD TO PROCESS CREDIT CARD ORDERS)

Email and fax security is not guaranteed

Credit Card: Visa and MasterCard accepted



(A $5.00 transaction fee will be added to each transaction.)

Form and full payment

**MUST** be received by

May 6, 2016

***Mail form and payment to:***

USAD

PO Box 4351

Mankato, MN 56002

If paying by credit card you may

email form to:

[pentathlon@usad.org](mailto:pentathlon@usad.org)