

Guest Registration Form

To be read in conjunction with the WAGA Argentina Invitational brochure that is displayed at www.wagagolf.com
Please read the terms and conditions of the event prior to completing this form.



Please send this completed Registration Form and your cheque deposit or payment in full made payable to:-

Armlass Promotions Pty Ltd
PO Box 3712, Robina Town Centre QLD 4230,
Australia
 Fax: +61 7 5579 8069
 Email: armlass@optusnet.com.au or brian@wagagolf.com
www.wagagolf.com

TERMS AND CONDITIONS

Payment:- A non-transferable deposit of \$255USD per application is required to secure participation at this event. Final payment must be received by 28th January, 2011.

All payments must be in American Dollars (USD). Payments made in other currencies may attract a bank fee for conversion to USD. Any such fee will be deducted from your deposit/final payment. WAGA accept Visa, Mastercard, Diners Club and American Express but all such transactions incur a bank fee which may be as high as 5%.

Cancellation Fees: Prior to the 28th October 2010, a cancellation fee of \$150USD per registration will apply. WAGA recommend that guests purchase travel insurance to cover cancellation fees and loss of non-refundable deposits. WAGA will endeavour to place applicants with same sex room-mates. If this is not possible, the single supplement must be paid.

Oct 28 – Nov 27: 25% of total payment

Nov 28 – Dec 27: 50% of total payment

Dec 28 – Jan 27: 75% of total payment

Jan 28 onwards: All Fees paid. No Show - total payment forfeited

WAGA recommend that guests purchase travel insurance to cover cancellation fees and loss of non-refundable deposits.

First Guest: Mr / Mrs / Ms / Miss / Other (please circle)

Second Guest: Mr / Mrs / Ms / Miss / Other (please circle)

Last Name: (as per your passport)

Last Name: (as per your passport)

First Name: (as per your passport)

First Name: (as per your passport)

I am a: GOLFER NON GOLFER (please circle)

I am a: GOLFER NON GOLFER (please circle)

Home Address: _____

Home Address: _____

City: _____ State: _____

City: _____ State: _____

Zip/Post Code: _____ Country: _____

Zip/Post Code: _____ Country: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Please detail any special requirements: _____

Please detail any special requirements: _____

Buenos Aires - Argentina 27th Feb to 5th March, 2011

Elevage Hotel 4* downtown	No. of guests	per person	TOTAL
A. Golfer		@ \$850USD*	
B. Non-golfer		@ \$650USD*	
C. Single Supplement		@ \$350USD	

* Twin Share

TOTAL PACKAGE PAYABLE \$USD

Etoile Hotel 4* Recoleta	No. of guests	per person	TOTAL
A. Golfer		@ \$930USD*	
B. Non-golfer		@ \$720USD*	
C. Single Supplement		@ \$430USD	

* Twin Share

TOTAL PACKAGE PAYABLE \$USD

Loi Suites 5* Recoleta	No. of guests	per person	TOTAL
A. Golfer		@ \$1000USD*	
B. Non-golfer		@ \$800USD*	
C. Single Supplement		@ \$490USD	

* Twin Share

TOTAL PACKAGE PAYABLE \$USD

Having authority to do so, I agree on behalf of all persons named in this reservation form to be bound by the Terms and Conditions above, which I have read. I hereby acknowledge and agree to the limitations and conditions of all tournament rules and schedule of events. I also hereby, for myself, my heirs, executors and administrators, waive and release Armlass Promotions Pty Ltd, its directors and staff or their respective agents, volunteer workers, sponsors, representatives, successors and assigns of liability for any and all injuries, loss or damages which may be suffered by me/us in connection with my/our participation in the tournament.

Signed: _____ Date: _____