

2024 Mother's Day Brunch
@ Old Hickory Golf Club

CREDIT CARD AUTHORIZATION FORM

Please complete all fields in the following form and Email to trevisr@golfoldhickory.com: or call ahead **703-580-9000 ext 229**

Credit Card Type: (circle one): *American Express* *Visa* *MasterCard*

Card Holder's #: _____

Expiration Date (mm/yy): _____ Verification #: _____
(For Visa/MasterCard the CVV # is the last 3 digits on the signature panel on the back of the card)

Card Holder's Name (as it appears on the card): _____

Card Holder's Billing Address: _____

Card Holder's Phone #: _____

Reservation Name: _____

**Old hickory will do its best to honor your seating requests; however, we cannot guarantee preferred seating for all attendees.*

11am Seating 1pm Seating
(Please Circle One)

of Adults: _____ x \$44.00 = _____

of Children (Ages 4-12): _____ x \$22.00 = _____

of Children (3 and Under): _____ = **COMPLIMENTARY**

Cancellation Policy: All Regrets and reservation adjustments must be received by 4pm on Friday May 10th, 2024

**By agreeing to this authorization form, the above indicated cardholder fully understands that all charges are final and non-refundable as of 12pm, Saturday May 11th, 2024.*

**Please Charge: \$ _____ plus an Additional 20% Service Charge,
A 6% VA State Sales Tax and a 4% PWC Sales Tax to the card indicated above**
(Total to equal number of guests multiplied by corresponding price)

Authorized Signature: _____ Date: _____