**U.S. Academic Pentathlon**

**Additional Meal Reservation Form**

Courtyard Omaha-La Vista Conference Center

Windsor VI-X Ballroom

12560 Westport Parkway La Vista, NE 68128.

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

***•*** Tickets must be purchased in advance at the cost listed below. 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.

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

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

Additional Meals for **Friday, May 18, 2018**

\_\_\_\_\_ Breakfast **$ 20.00 each** $\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Dinner **$ 25.00 each** $\_\_\_\_\_\_\_\_\_\_\_

Additional Meals for **Saturday, May 19, 2018**

\_\_\_\_\_ Breakfast **$ 25.00 each** $\_\_\_\_\_\_\_\_\_\_\_

**Total:** $\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL/TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**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 1, 2018

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

USAP

PO Box 4351

Mankato, MN 56002

If paying by credit card you may

email form to:

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