



GOVERNORS CLUB

Sponsored Member Event Form

Account Number: _____ Booked Date: _____

Event Date: _____

Event Name: _____

Contact Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Deposit Date: _____ Received: _____

90 Days Payment Date: _____ Received: _____

Final Payment Date: _____ Received: _____

Credit Card on File: _____

Type of Credit Card: _____

Name on Credit Card: _____

Expiration Date: _____