2011 Tournament of Champions
VOLUNTEER HOUSING REQUEST FORM

Prices reflected here are for Optimist volunteers ONLY. Please type or print clearly. Form must be completed in full and must be received no later than ***OCTOBER 25, 2011****.* You may also submit this request form online at www.optimist.org/GolfVolunteers

PERSONAL INFORMATION

Name:_____ District:_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____

Home Phone:_____ Work/Cell Phone:_____

Fax:_____ Email:_____

HOTEL OPTIONS

If you are interested in sharing a room with another volunteer and need help finding a roommate, please contact the Junior Golf office before submitting this form.

STANDARD RESORT ROOM AT THE OMNI ORLANDO RESORT AT CHAMPIONSGATE
Resort rooms are located on property at ChampionsGate and include either one king bed or two double beds.

Arrival Date (check one):

☐Wednesday, November 9 ☐Thursday, November 10 ☐Friday, November 11 ☐Saturday, November 12

Departure Date (check one):

☐Saturday, November 12 ☐Sunday, November 13 ☐Monday, November 14

Total Fees Due to Optimist International:
Optimist Volunteers pay Optimist International in advance for the room fee and Optimist Golf will make the reservation for you.

$119.00 US (Standard Room) per night x _____ = $_____
# of nights *Grand Total Due*

METHOD OF PAYMENT

Fees (payable to "Optimist International") must be paid in U.S. funds and included with this form. Any returned checks or credit cards will be assessed a $25 US. fee in addition to the registration amount.

TOTAL AMOUNT DUE $_____

RETURN TO:

Mail completed form to:
Optimist Golf—TOC
4494 Lindell Blvd.
St. Louis, MO 63108

Or, FAX to: (314) 735-4109

You may also request a reservation online at www.optimist.org/GolfVolunteers

Deadline to submit form: **OCTOBER 25, 2011**

PAYMENT METHOD:

○Check ○Money Order ○MasterCard ○Visa ○AMEX ○Discover

Credit Card No._____

Expiration Date_____ Card Security Code (CSC)_____

Cardholder's Name_____

Cardholder's Signature_____

Space reserved for office use

Total_____ Date Processed_____ Check #_____ Auth. Code_____