

ORGANIZATION: _____

EVENT HOLDER'S NAME: _____

EVENT NAME: _____

EVENT DATE: _____

DECLARATION OF INTENT (check one):

Deposit is to be transferred to secure this event for the following calendar year.

Event Date: _____

Deposit is to be transferred to another event this calendar year. Provide event information below.
In doing so, I fully understand that I forfeit this event date for the following calendar year.

Event Name: _____ Event Date: _____

Deposit is to be refunded.

Deposits will be refunded to the address on the account. For timely refunds of the deposit, ensure the address is current. If the address on the account is not current, please indicate new address below or call (512) 238-2101.

Payable to: _____

Street Address

City, State, Zip Code

Deposit is to be applied towards outstanding event fees.

In doing so, I fully understand that I forfeit this event date for the following calendar year.

Print Name

Sign / Date