

# Arizona Cup Archery

April 7-11, 2010

At

## Crowne Plaza Phoenix

2532 West Peoria Avenue

Phoenix, AZ 85029

602-943-2341

### Meal Plan Registration Form

Name(s)/Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Boxed Lunch (individually) # \_\_\_\_\_ \$16.00 each \$ \_\_\_\_\_

Dinner Entrée (individually) # \_\_\_\_\_ \$25.00 each \$ \_\_\_\_\_

**Boxed Lunch and Dinner Entrée Plan # \_\_\_\_\_ \$30.00 per person per day \$ \_\_\_\_\_**

*Indicate Dates desired:*

(Pricing is inclusive of sales tax and service charge)

Wed. (4/7) \_\_\_\_\_ Thurs. (4/8) \_\_\_\_\_ Fri (4/9) \_\_\_\_\_ Sat. (4/10) \_\_\_\_\_ Sun. (4/11) \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_**

Indicate Boxed Lunch Selections:

Wed. (4/7) Time Requested:	# _____ - Ham & Cheese on Baguette	# _____ - Italian Focaccia Sandwich	# _____ - Turkey on Ciabatta	# _____ - Roast Beef & Swiss on Kaiser Roll
Thurs. (4/8) Time Requested:	# _____ - Ham & Cheese on Baguette	# _____ - Italian Focaccia Sandwich	# _____ - Turkey on Ciabatta	# _____ - Roast Beef & Swiss on Kaiser Roll
Fri. (4/9) Time Requested:	# _____ - Ham & Cheese on Baguette	# _____ - Italian Focaccia Sandwich	# _____ - Turkey on Ciabatta	# _____ - Roast Beef & Swiss on Kaiser Roll
Sat. (4/10) Time Requested:	# _____ - Ham & Cheese on Baguette	# _____ - Italian Focaccia Sandwich	# _____ - Turkey on Ciabatta	# _____ - Roast Beef & Swiss on Kaiser Roll
Sun. (4/11) Time Requested:	# _____ - Ham & Cheese on Baguette	# _____ - Italian Focaccia Sandwich	# _____ - Turkey on Ciabatta	# _____ - Roast Beef & Swiss on Kaiser Roll

**Pre-order form is due by 10am the day prior to pick-up.**

**Dinner will be served for a two hour time frame on each of the evenings. Times to be determined based on tournament schedule.**

**Payment is due at time of registration**

**Please select payment method below (Cash or Checks will not be accepted)**

Credit Card

Money Order

Cashiers Check

Please mail Registration form and Method of Payment to:

Crowne Plaza Phoenix

ATTN: Sales Department

2532 West Peoria Avenue  
Phoenix AZ 85029

Or FAX: 602-371-8470



**CREDIT CARD  
AUTHORIZATION  
FORM**



**CROWNE PLAZA PHOENIX**

Name of Group: \_\_\_\_\_

Function Date: \_\_\_\_\_

Group Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

**PLEASE PROVIDE A CLEAR COPY OF THE FRONT AND BACK OF THE CREDIT CARD ALONG WITH A COPY OF A VALID I.D. PLEASE FAX BACK TO THE FOLLOWING FAX NUMBER: (602) 331 – 9351.**

I, \_\_\_\_\_ Hereby authorize the Crowne Plaza Phoenix to charge the above credit card for the following charges:

Food & Beverage \_\_\_\_\_

On the above credit card, upon the conclusion of the function.

Function Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Hotel Sales Manager: \_\_\_\_\_

Date: \_\_\_\_\_