



**SUPPORTERS PACKAGE REGISTRATION FORM –  
CARIFTA 2010  
carifta2010accom@gmail.com  
FAX: (876) 906 1484**

**PLEASE COMPLETE & RETURN NO LATER THAN MARCH 26<sup>TH</sup>**

**NOTE: NO REFUNDS 72 HOURS BEFORE THE START OF THE EVENT - PASSES WILL BE ISSUED ON DAY OF ARRIVAL**

**SUPPORTERS' INFORMATION:**

<b>NAME:</b>			TEAM:	
CONTACT#	HOME:	CEL:	WORK:	FAX#
EMAIL:				
HOME ADDRESS:				
<b>RATES:</b>	<b>PURCHASE BY MARCH 11<sup>TH</sup> – US\$125 - HELD OVER FROM 2007!</b> <b>PURCHASES MADE AFTER MARCH 11<sup>TH</sup> WILL BE AT THE 2010 RATE – US\$130</b>			
<b>TOTAL NUMBER OF PACKAGES</b>	ADT	<b>PACKAGE INCLUDES:</b> ► ROUND TRIP TRANSPORTATION (AIRPORT/HOTEL/AIRPORT) ► 2 DAILY ROUND TRIPS (HOTEL/VENUE/HOTEL) ► SEASON TICKET ENTRY PASS – ALL EVENTS ► CARIFTA 2010 MAGAZINE ► DAILY HEAT SHEETS		
	CHD			
ADDITIONAL NAMES:	1	ADT/CHD	6	ADT/CHD
	2		7	
	3		8	
	4		9	
	5		10	

**CHILDREN  
4 – 11  
US\$100**

**TRAVEL INFORMATION:**

DATE OF ARRIVAL	# OF PASSENGERS:	DATE OF DEPARTURE
AIRLINE / FLIGHT #		AIRLINE/ FLIGHT#
ARRIVAL TIME		DEPARTURE TIME

**ROOMING INFORMATION:**

HOTEL BOOKED:	METHOD OF PAYMENT:	CREDIT CARD: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
ARRIVE:	NAME AS IT APPEARS ON CREDIT CARD:		
DEPART:	CREDIT CARD#	EXP. DATE	AUTH #

**CREDIT CARD AUTHORISATION:**

I authorise the Amateur Swimming Association of Jamaica (Carifta Aquatics) to debit my credit card for the indicated Supporters Package for the 2010 CARIFTA Swimming Championship in Kingston, Jamaica (April 3 – 6, 2010), in the amount of US\$\_\_\_\_\_

Write out Amount US\$\_\_\_\_\_

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

**CARD HOLDER'S SIGNATURE REQUIRED**

**IMPORTANT NOTE:** CREDIT CARD IDENTIFICATION IS REQUIRED. COPY OF CREDIT CARD (BOTH SIDES) AND DRIVER'S LICENSE OR PASSPORT OF THE CARD HOLDER TO ACCOMPANY THIS FORM. PLEASE EMAIL OR FAX TO [carifta2010accom@gmail.com](mailto:carifta2010accom@gmail.com) FAX# (876) 906 1484. ANY QUERIES CALL ELEANOR (876) 895 3253