American Podiatric Medical Association  
2019 APMA Kaplan-Clarke-Foster Golf Tournament 
& Practice Management  
September 11-15, 2019

We look forward to welcoming you to French Lick Resort! Reservations will be accepted until Saturday, August 10, 2019 or until the group block is full, whichever comes first. Reservations can be made by calling Susie Jackman at 812-936-5853, emailing this form to Susie at: sjackman@frenchlick.com or going online at: https://book.passkey.com/go/de9894c6

ROOM TYPES
West Baden Springs Hotel offers a variety of accommodations. The resort will make every effort to honor specific room requests. If your request is not available, the best substitution will be made. Please choose room type desired:

Countryside view room with 1 king bed:______  Atrium view room with 2 queen beds:_______
Atrium view room with Balcony and 1 king bed: ______

Special requests_______________________________

GROUP RATES – Based on September 11, 2019 arrival and September 15, 2019 Departure  
(Please Check Desired Rate and Occupancy)

Rate Plan #1: 5 Day/ 4 Night Custom Golf Package:

Single Occupancy: _____ $2566.44 per person, per package (One person per room)
Double Occupancy: _____ $2026.30 per person, per package (Two people per room, 2 golfers)

Rates are per person, per package and include 4 nights luxury accommodations, breakfast each morning (in choice of Café Sinclair’s, Pete Dye Mansion or Hagen’s), one private dinner, three receptions, three 2-hour open bars, one 3-hour open bar, four rounds of golf to include: 1 Practice 9-hole round at the Valley Links Course, 2 Rounds at the Pete Dye Course and 1 Round at the Donald Ross Course, club storage, green fees and tournament fees. Package is inclusive of all taxes and service fees.
Rate Plan #2: 5 Day / 4 Night Custom Non-Golfer Package:

Single Occupancy: _____$1766.44 per person, per package (One person per room, non-golfer)

Double Occupancy: _____$1226.30 per person, per package (Two people per room, both non-golfers)

Rates are per person, per package and include 4 nights luxury accommodations, breakfast each morning (in choice of Café Sinclair’s, Pete Dye Mansion or Hagen’s), one private dinner, three receptions, three 2-hour open bars and one 3-hour open bar. Package is inclusive of all taxes and service fees.

Rate Plan #3: 5 Day / 4 Night Custom One Golfer, One non-golfer per room (PLEASE SEE ABOVE FOR EACH PACKAGE INCLUSIONS):

Double Occupancy GOLFER: _____$2026.30 per person, per package

Double Occupancy NON-GOLFER: _____$1226.30 per person, per package

PRE AND POST STAY NEEDS: A discounted rate of $209.00 + tax is offered for pre- and post-stays based on availability. Please indicate below your arrival and departure dates:

Arrival Date____________________ Departure Date________________________

Check-In Time: 4:00 PM Check-Out Time: 11:00 AM

ROOMS TO BE OCCUPIED BY: (Type or Print all names)

Name____________________________________________________________________________

Company_________________________________________________________________________

Address__________________________________________________________________________

City State Zip_____________________________________________________________________

Phone #__________________________________________________________________________

Email Address: (to receive confirmation)______________________________________________

IF YOU HAVE SELECTED A PACKAGE WITH A GUEST, PLEASE PROVIDE ADDITIONAL GUEST NAME:
_________________________________________________________________________________

ADVANCED DEPOSIT REQUIRED TO CONFIRM RESERVATION

A deposit for the 4 night package selected, will be charged to your credit card on file 7 days prior to arrival. A deposit will be refunded if cancellation is made 4 business days prior to the group arrival. Please complete the attached credit card form.
Group Credit Card Authorization

I, _______________________________________________________

Hereby authorize the French Lick Resort to charge my personal/corporate credit card for:

Group Name: _______________________________________________________

Billing Address: ___________________________ City: ___________ State: _______ ZIP: _______

Cardholder Signature: ___________________________ Last 4 digits of Credit Card: ___________

Telephone #: ___________________________ Total Estimated Charges: ___________

☐ 4 Day Package Selected on attached Registration Form

**FINAL AUTHORIZED ESTIMATED CHARGES WILL BE CHARGED 7 DAYS PRIOR TO ARRIVAL**

If the event is within 7 days, charges will be applied upon receipt of credit card authorization form.

Any overages will be applied to your credit card upon completion of the final billing statement.

In the event of over payment your card will be credited within 7-10 business days of departure date.

For your security DO NOT write the credit card number on this form.

A Resort Revenue Agent will contact you within 5 business days to obtain the credit card number and complete the form.

**DO NOT WRITE BELOW THIS LINE. THANK YOU!**

---

**FOR OFFICE USE ONLY**

Credit Card Number: ___________________________ Exp. Date: __________________

Name as printed on Card: ___________________________ CVV Code: ___________

The French Lick Resort will securely destroy credit card information once transaction is completed.