



GIFT CARD REQUEST FORM

Dear Golf Club at Bear Dance Representative,

Please accept this notice as authorization to charge my credit card in the amount listed below in the form of a gift card.

CARDHOLDER/PURCHASER INFORMATION:

Name _____ Date _____
Billing Address _____ Billing Zip _____
Credit Card # _____ Expires _____ Security Code _____
Visa/MC/AMEX/Discover
Fax # _____ Phone# _____
Amount Charged To Above Credit Card \$ _____ Signature _____

RECIPIENT OF GIFT CARD:

Name _____

CARD TO BE MAILED: Yes/No **OR** **PICKED UP AT BEAR DANCE:** Yes/No

IF MAILED, TO WHOM:

Name: _____

Address: _____

City _____ St _____ Zip _____

Please Fax or Email Gift Card Request Form to the below Addresses:

Fax~303.681.3735 or Email proshop@beardancegolf.com

Administrative Use Only

Staff Member Who Processed Gift Card: _____ Gift Card # _____

Date Mailed Out (If Applicable): _____



6630 Bear Dance Road ~ Larkspur, Colorado ~ 80118
303.681.GOLF (4653) ~ 303.681.3735 FAX ~ proshop@beardancegolf.com
www.beardancegolf.com