

STRATOSPHERE

HOTEL | CASINO | TOWER

CHAPEL WEDDING CREDIT CARD AUTHORIZATION FORM

A LEGIBLE copy (front and back) of credit card & the card holder's identification is required to be submitted in addition to this form to book a Wedding Package.

FAX THIS FORM & REQUIRED COPIES TO:

702-383-5379

Or scan and email to weddings@stratospherehotel.com

Please select one of the payment options below:

_____ Please immediately charge my card the non-refundable deposit of \$ 200.00 to hold the space, date and time of my selected wedding package. In addition, I understand that my credit card will be charged immediately for any sleeping rooms connected to my wedding package. I authorize the remaining balance of my package to be charged to my credit card 21 days prior to my event date. If booking is less than 21 days prior to the event, the entire balance of the package is due in full.

_____ Please immediately charge my card the estimated full balance of my wedding package. If booking is less than 21 days prior to the event, this selection will automatically apply. In addition, I understand that my credit card will be charged immediately for any sleeping rooms connected to my wedding package.

Minister Fee of \$60 (cash only) is due at the time of the ceremony

UPGRADE OPTIONS FOR CHAPEL PACKAGES.

Please put a check next to each upgrade you would like.
Charges will automatically be built into your total package price:

Wedding Web Cast Upgrades:

_____ Live Webcasting, plus 24 hours of viewing \$99.95, plus tax

_____ Live Webcasting, plus 60 days of viewing \$119.95, plus tax

Floral Upgrades:

_____ Bridal bouquet & boutonniere color upgrade \$25.00 (flat fee)

For Floral Selection, please circle one of the colors below:

PEACH | PINK | RED | YELLOW | ORANGE | LAVENDER

NO CHANGES OR ADD-ONS TO THE WEDDING MAY BE MADE 21 DAYS PRIOR TO THE EVENT

Bride's full name: _____

Groom's full name: _____

Time of wedding: _____ Date of wedding: ____/____/____

Wedding Package Name: _____ Expected number of Guests: _____

Credit Card Number: _____ Exp. Date: ____/____/____

Cardholder Name & Relationship to wedding booking: _____

Statement Address: _____

City: _____ State: _____ Zip: _____

**E-Mail address to send confirmation to: _____

Daytime Telephone: _____ Fax Number: _____

By signing below, I authorize & acknowledge the above checked deposit or estimated entire package amount will be processed to my credit card. The deposit of \$200 is completely non-refundable. In addition to my deposit, any hotel rooms and or/suites associated with my package will be charged immediately to the credit card I have presented. *Final Payment will be charged 21 days prior to the ceremony.*

I also acknowledge that I have read, fully understand and agree to the Provisions that are notated on the official chapel website:

www.chapelintheclouds.com

Cardholder Signature: _____ Date: ____/____/____

Are you entertaining your guests after the ceremony? We offer Private Events or VIP Restaurant Reservations for more information

How did you hear about us? _____ if by Web. Please circle the site:

Vegas.com | GOOGLE | theKNOT.com | Bing | Yahoo | other _____