

(If you are registering additional golfers who are not in your foursome, please use a separate form.)

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Name	Comp	any			
Phone	En	nail			
Other players in foursome: (If yo	ou don't have a fourso	me, our Golf Chairn	nan will place yo	u in one)	
Name		201	·	•	
	Compa				
Name	_				
Submitting payment for:					
\$195 per person conference	e attendees				
\$250 per person non-confe (includes Friday night dinner,)			
I am using Sponsorship Co	omp(s)				
Payment Information					
Method of Payment Check	Cash	Credit Card Amount P		ying	
	Credit Card	Information			
Card Number	Expira	tion Date	3 or 4 Digit Code		
Name as it appears on card					
Billing Address	City	Sta	ate	Zip	
Signature	ure Email Address				
Signature needed only if faxing or mailing form Email address for payment confirmation if other than above					
Registration deadline Oct. 1	1, 2016. No refunds after 5:00	PM, Oct. 11, 2016. All refu	nds subject to \$75.00	service fee	
Prizes & Giveaways: If your comp giveaway items for players, please of 602.315B459.	any would like to spons contact Co -Golf Chairm	or a closest-to-the-pi en Freeman Theriaul	n, longest-drive pr t at 602.253.4780	ize or donate or Will Foster at	
When using the submit button to email this registration form, select the Desktop Email Application.		Print a copy of you registration form for records and or to 602.252.8008	or your		