

Player Information

\$115 per player postmarked by May 31
Thereafter \$130.

Please contact to be a sponsor

Name _____ GHIN/Handicap* _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Player 2 _____ GHIN* _____

Player 3 _____ GHIN* _____

Player 4 _____ GHIN* _____

***Registration cannot be completed without GHIN or Handicap information for all players.**

Check is enclosed (payable to CMC Foundation)

Please charge to my VISA/MASTERCARD (see below)

Unable to attend. Please accept my donation in the amount of \$ _____

Cardholder Name _____

Signature _____

VISA/MC # (circle one) _____ EXP Date _____

I will attend Awards Buffet Dinner

Unable to attend Awards Buffet Dinner

I'd like to request _____ additional dinners at \$25.00 each. (payment enclosed)

Total Amount Paid _____

Please list address, phone, email for players
2, 3, 4 on back of card

Please mail with your payment in the enclosed envelope