

REGISTER TO GOLF!

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Men's Women's Mixed Foursome

Golfer 1: _____

Company: _____

Golfer 2: _____

Company: _____

Golfer 3: _____

Company: _____

Golfer 4: _____

Company: _____

Golfer Total (\$155 each): Qty: ___ \$ _____

Games Package (\$20 each): Qty: ___ \$ _____

50/50 Split (\$20 each): Qty: ___ \$ _____

Par 3 on the Green (\$15 each): Qty: ___ \$ _____

Bucket Prize Draw (\$20 each): Qty: ___ \$ _____

Balcony Ball Toss (\$10 each): Qty: ___ \$ _____

Hole Sponsor (\$200): Qty: ___ \$ _____

Two Hole Sponsor (2 for \$350): Qty: ___ \$ _____

Personal check enclosed for \$ _____ (total)
payable to WRA

Charge my total of \$ _____
to my: AMEX MC VISA DISC

Card #: _____

Exp. Date: _____ Security Code (3-digit): _____

Name on Card: _____

CC Billing Address: _____

Signature: _____