

PAYMENT INFORMATION FORM

PLEASE RETURN THIS FORM ALONG WITH PAYMENT AND THE TEAR-OFF PORTION OF THE HOLE/SPONSORSHIP FORM.

Employee or Representative name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Contact Name: _____

Email Address: _____

Please complete for: INDIVIDUALS PAYING FOR A WHOLE TEAM

If you are an individual who will be paying for other individuals to play on your team, please fill out the name of the person who is to receive a Contribution Statement at the end of the year for tax purposes.

Name of the individual paying for team: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Names of team player(s) being paid for: 1.) _____

2.) _____

3.) _____

4.) _____

How will you pay your registration fees? (Check one) **\$1,000 for a four-man scramble**

_____ Cash

_____ Business Check

_____ Personal Check

Make Checks payable to: _____