

**Hilton Head Workshop Golf Tournament  
Indigo Run Private Golf Course  
Hilton Head, South Carolina  
Tuesday, June 8, 2004**

**Please complete this form and fax with payment to 619-232-0799.**

Fee includes: Greens fee and cart and 20% cancellation fee.  
We need to receive a form and payment for each player.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Golf Fees**

Tee Time/Cart/Box lunch\* \$75.00 (each) \$ \_\_\_\_\_

Golf Club Rental (circle: right/left) \$30.00 (each)

(circle: Men/women) paid directly to pro-shop  
(only 10 sets available so 1<sup>st</sup> come- 1<sup>st</sup> served for this club reservation)

**TOTAL** \$ \_\_\_\_\_

I am a single player

I have arranged to play with the following individuals and PMMI should receive their forms also confirming this grouping.

Myself \_\_\_\_\_ 3<sup>rd</sup> Golfer \_\_\_\_\_

2<sup>nd</sup> Golfer \_\_\_\_\_ 4<sup>th</sup> Golfer \_\_\_\_\_

We will assist with transporting individuals who do not have their own transportation. Cars will leave from the hotel lobby at 12:50 p.m. (10 minute drive) (Tee time is 1:45 pm ).

Please indicate:

I will need transportation: Y or N

I have transportation but do not have room for any one else: Y or N

I have transportation and would be able to make room for \_\_\_\_ others with clubs Y or N

**FORM OF PAYMENT**

MasterCard  Visa

3 digit code above credit card number: \_ \_ - \_ - \_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ (MM/YY)

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

No refunds will be made after June 1st.

\*Box lunch will be provided for all attendees of the HH 2004 meeting. Pick-up at the meeting registration desk.

**Please fax this form with your CC payment to: 619-232-0799.**