

**Hilton Head Workshop Golf Tournament  
Shipyard Golf Course  
Hilton Head, South Carolina  
Tuesday, June 8, 2010**

**We need to receive a form and payment for each player.  
Please complete this form and fax with payment to 619-232-0799.**

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

Email: \_\_\_\_\_

Golf Fees (Includes Greens Fees and cart) \$60.00 (each) \$ \_\_\_\_\_  
 9 Holes or  18 Holes

Golf Club Rental \$35.00 \$ \_\_\_\_\_

Men or  Women  Left or  Right

**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 12:15 p.m. (10 minute drive). Tee times start at 1:00 p.m.

Please indicate:

I will need transportation:  Yes or  No

I have transportation but do not have room for any one else:  Yes or  No

I have transportation and would be able to make room for \_\_\_\_\_ others with clubs:  Yes or  No

Box lunch will be provided for attendees of the HH 2010 Workshop playing golf. Please pick-up at the Workshop registration desk. I would like to reserve one:  Yes or  No

**FORM OF PAYMENT**

MasterCard  Visa

Card No.: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ Verification Code (3 digit number on the signature line of your card): \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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