

Hilton Head Workshop Golf Tournament
Shipyard Golf Course
Hilton Head, South Carolina
Tuesday, June 7, 2016
1:00 p.m. Shotgun Start

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, practice range and cart) \$ / € (per golfer) \$ _____
 9 Holes or 18 Holes

Golf Club Rental (includes a sleeve of 6 golf balls) \$49 \$ _____

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: _____ 3rd Golfer: _____

2nd Golfer: _____ 4th 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 Hilton Head 2016 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.