

**Hilton Head Workshop Golf Tournament
Shipyard Golf Course
Hilton Head, South Carolina
Tuesday, June 10, 2014
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) \$72.40 (per golfer) \$ _____
☐ 9 Holes or ☐ 18 Holes

Golf Club Rental (includes a sleeve of 6 golf balls) \$40.00 \$ _____

☐ 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: _____ 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 HH 2014 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.