

USPMGA and KOA Care Camps Invitational

Registration Form

Name _____

Representing _____

Address _____

City/State/Zip _____

Phone (____) _____

List foursome below (if any)

1. _____

2. _____

3. _____

4. _____

Fees and Rates are as listed: (please check one which applies to you)

____ Individuals at \$ 25.00 = _____

____ 2 Person Team at \$50.00 = _____

____ 4 Person Team at \$ 100.00 = _____

____ Hole Sponsor at \$100.00 = _____

____ On-site Sponsor at \$50.00 = _____

Total Due = _____

Please check method of Payment:

Check

Cash

Credit Card:

Name On Card: _____

Card Type: _____

Credit Card Number: _____

Expiration Date: _____ MONTH _____ YEAR

Make checks payable to:

Return to: 613 5th Avenue South * Myrtle Beach, SC 29577