



Golf Tournament Player Registration

Monday, June 19, 2017

Contact person for tournament registration and billing _____

Company _____

Address _____ City _____ State ____ Zip code _____

Phone (____) _____ Fax (____) _____ e-mail _____

Please print or type the names of the players in each foursome.

If you do not know any name, mark the tba ("to be announced") box and provide IREM with the name by **June 9, 2017**. Participation in the tournament cannot be guaranteed if IREM does not receive the names of all players.

1st Foursome

2nd Foursome

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Name _____ tba

Company _____

Phone (____) _____

Number of foursomes _____ @ \$800/foursome \$ _____

Sorry, no refunds for cancellations and/or no-shows.

Payment method: Amex Visa MasterCard Discover Card

Card number _____ Expires ____/____ V- code _____

Cardholder name _____

Authorized signature _____ Date ____/____/____