



# Registration Form

## Lady Drivers Golf Club

### Annual Charity Golf Tournament 2010

Golfer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER/S: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Club/Organization/Business: \_\_\_\_\_

Please check all that apply:

Handicap \_\_\_\_\_  Cart Partner Request \_\_\_\_\_

Will attend banquet  Will not attend banquet \_\_\_\_\_ #Guests \_\_\_\_\_

Registered at Host Hotel

First time attendee

**FLIGHT**      \_\_\_Men   \_\_\_ Senior   \_\_\_Ladies