

# PMC/SMACCA 2006 ANNUAL CHARITY GOLF OUTING REGISTRATION FORM

GRAND GENEVA RESORT  
AUGUST 7, 2006  
10:00AM REGISTRATION & LUNCH  
11:30 SHOTGUN START

**REGISTRATION DEADLINE: JULY 28, 2006**  
**~ EARLY BIRD – JUNE 23, 2006 ~**

		EARLY BIRD: DUE BY 6/23/06	REGULAR REGISTRATION RATES: DUE BY 7/28/06		
NAME(S)/COMPANY (to appear on name badges)	Contractor	Full Day \$160/pp (incl: golf, lunch & dinner)	Full Day \$175/pp (incl: golf & lunch & dinner)	Golf Only \$150/pp (incl: golf & lunch)	Dinner Only \$60/pp (no golf)
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company: _____					
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company: _____					

*(COPY THIS FORM FOR ADDITIONAL REGISTRANTS)*

Do you prefer to play as a foursome or separated?       Foursome       Separate

Course Preference (first come/first served)       Brute       Highlands

**Contact Information:**

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

REGISTRATION TOTAL: \$ \_\_\_\_\_

BILL ME       ENCLOSED

RETURN REGISTRATION FORM AND CHECKS MADE PAYABLE TO:

PMSMCA  
10427 W. LINCOLN AVENUE SUITE 1600  
MILWAUKEE, WI 53227

*No cancellations or refunds after August 3<sup>rd</sup>. Substitutions may be made.*