

PMC/SMACCA 2009 ANNUAL CHARITY GOLF OUTING REGISTRATION FORM

GENEVA NATIONAL GOLF CLUB
AUGUST 3, 2009
10:00AM REGISTRATION & LUNCH
11:30AM SHOTGUN START
4:30PM COCKTAIL HOUR/DINNER/AWARDS RECEPTION



**REGULAR REGISTRATION
RATES:
DUE BY 7/24/09**

NAME(S)/COMPANY <small>(to appear on name badges)</small>	Contractor	<u>Full Day</u> \$160/pp <small>(incl: lunch, golf & dinner)</small>	<u>Full Day</u> \$175/pp <small>(incl: lunch, golf & dinner)</small>	<u>Golf Only</u> \$150/pp <small>(incl: lunch & golf)</small>	<u>Dinner Only</u> \$60/pp <small>(no golf)</small>
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 ANY ADDITIONAL REGISTRANTS)

Do you prefer to be a foursome or separated? Foursome Separated

Course Preference Player (Shamble) Palmer (Scramble) no preference

We will do our best to accommodate your request

Contact Information:

Contact Person: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email (to be used for confirmations & weather related info): _____

REGISTRATION TOTAL: \$ _____

BILL ME ENCLOSED

all payments must be received by July 27

we are not able to accept credit card payments at this time

RETURN REGISTRATION FORM AND CHECKS MADE PAYABLE TO:

**PMSMCA
10427 W. LINCOLN AVENUE SUITE #1600
MILWAUKEE, WI 53227
Fax: 414/543-7626
Phone: 414/543-7622**

No cancellations or refunds after July 24th. Substitutions may be made.