

# PDC 2005 Golf Tournament Registration Form

Saturday, July 9, 2005 • Orlando World Center Marriott • Hawk's Landing Golf Club

Sponsored by



American Appraisal Associates®

Registration Deadline: June 10, 2005

Registration is limited to the first 88 people. The entrance fee is \$25 per person and includes lunch, cart fees and gratuities. Lunch and tournament check-in begin at Noon. Tee time is 1 p.m., shotgun start. Prizes will be awarded at the end of play. Dress Code: appropriate golf attire— collared shirts, bermuda-length shorts or slacks. Soft spikes preferred.

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

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

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

## In Case of Emergency During the Tournament, Please Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Handicap/Average Score: \_\_\_\_\_

## Preferred Foursome:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*We will make every attempt to satisfy preferred foursome requests, however, this cannot be guaranteed.*

Club Rental Needed?\*  Yes  No

Men's Right handed  Men's Left Handed

Women's Right handed  Women's Left Handed

*\* Payment for club rentals (\$39) will be handled by the Pro Shop on the day of the tournament.*

Please list any dietary restrictions, auxiliary aids or other reasonable accommodations you require to fully participate in this event.

## TOURNAMENT FEES—\$25 per player

Forms without payment will NOT be processed. Purchase orders are not accepted. Fees are payable to AGA in U.S. dollars only.

Check/Money Order Enclosed

AMEX  Discover  MasterCard  VISA

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

## Waiver of Liability:

*Waiver of Liability: In consideration of my entry, I, my heirs, executors and administrators waive all claims, release from all liability, and agree to hold harmless, AGA, its agents, members and sponsors of this event for any and all injuries and damages suffered by me in connection with this event. I understand that this event entails personal risk, including of serious bodily injury and even death, and I voluntarily assume that risk. I recognize the physical exertion involved in the event and attest and certify that I am physically fit to compete safely, and I have not been advised otherwise by a health care professional.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Please return this form to:

**Julie Cupp, CMP**  
**AGA**  
**2208 Mount Vernon Avenue**  
**Alexandria, VA 22301**

**FX: 703.548.9367**

**PH: 800.AGA.7211**

***jcupp@agacgm.org***