

# 2009 Summer Family Golf Tournament Entry Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Region \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Have you participated in the tournaments before? Yes \_\_\_ No \_\_\_

**Return entry form and payment to:**  
 Summer Family Golf  
 3420 Pampas Drive  
 Myrtle Beach, SC 29577  
**Or fax to 843-477-0501**

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Questions????  
 Email us at [info@summerfamilygolf.com](mailto:info@summerfamilygolf.com)

**Visit us on the web at**  
**www.SummerFamilyGolf.com**

Please fill in information below completely. Select from one of three divisions: Open (O), Couples (C) or Adult/Youth (A). The format is two person teams, Captain's Choice. Singles will be paired with a partner. Cost is \$40.00 for adults and free for youth's age 16 or under with a paid adult. Each additional youth is \$40.00. **(Note: True Blue on July 1, Barefoot – Dye Club on July 29, and Barefoot – Norman on August 19 are premier courses and costs \$60.00 for adults and free for youth's age 16 or under with paid adult. Each additional youth is \$60.)**

<u>Foursome # 1</u>			
Team A	Div.	Course & Date	Cost
_____	_____	(List each course teams will play)	_____
_____	_____	_____	_____
_____	_____	_____	_____
Team B			
_____	_____	_____	_____
_____	_____	_____	_____

<u>Foursome # 2</u>			
Team A	Div.	Course & Date	Cost
_____	_____	(List each course teams will play)	_____
_____	_____	_____	_____
_____	_____	_____	_____
Team B			
_____	_____	_____	_____
_____	_____	_____	_____

<u>Foursome # 3</u>			
Team A	Div.	Course & Date	Cost
_____	_____	(List each course teams will play)	_____
_____	_____	_____	_____
_____	_____	_____	_____
Team B			
_____	_____	_____	_____
_____	_____	_____	_____

<u>Foursome # 4</u>			
Team A	Div.	Course & Date	Cost
_____	_____	(List each course teams will play)	_____
_____	_____	_____	_____
_____	_____	_____	_____
Team B			
_____	_____	_____	_____
_____	_____	_____	_____

**Please check one of the following:**

Accept my check made payable to Summer Family Golf.

Charge my credit card account as shown below.

Total Payment: \_\_\_\_\_

CC Type? \_\_\_\_\_ CC/Check # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_