

# Registration Form



Team: \_\_\_\_\_

## Golfer & Handicaps:

Golfer #1 \_\_\_\_\_ HCP: \_\_\_\_\_

Golfer #2 \_\_\_\_\_ HCP: \_\_\_\_\_

Golfer #3 \_\_\_\_\_ HCP: \_\_\_\_\_

Golfer #4 \_\_\_\_\_ HCP: \_\_\_\_\_

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

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

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

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

Number of Teams: \_\_\_\_\_ x \$500 = \$ \_\_\_\_\_

Individual Players \_\_\_\_\_ x \$125 = \$ \_\_\_\_\_

Hole Sponsor: \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_

Total: \_\_\_\_\_ \$ \_\_\_\_\_

Hole Sponsors: Please indicate how you want the sponsorship recognition to read: \_\_\_\_\_

**To RSVP, please return this form with your check payable to Kids' Chance North Carolina to:**

**Attn: Mark Hicks  
PO Box 562722  
Charlotte, NC 28256-2722**

For more information contact Mark Hicks, SOI Claims Manager [Mark.hicks@soi.com](mailto:Mark.hicks@soi.com) (877.572.2412 x7301)

*No shows forfeit registration fees*