



# Annual President-Elect's Golf Tournament Golfer Registration Form

**Friday, March 17, 2017**

**\$200 per person**

6:30 AM - Shuttle Stages  
6:45 AM - Shuttle Departs  
7:30 - 8:30 AM Registration & Breakfast  
8:30 AM Tee-Off



Oak Creek Golf Club  
1 Golf Club Dr, Irvine, CA 92618  
www.oakcreekgolfclub.com  
(949) 653-5300

**Includes:** Cart, green fees, tax, tournament scoring and contests, breakfast, and awards luncheon.

The annual President-Elect's Golf Tournament will be held Friday, March 17 at 8:30 AM.

The tournament will be organized as a shotgun, four-person scramble. Golfers who do not submit a foursome will be assigned to one based on handicap or average score. Placements will be determined by the club pro's system. Golfers will be provided with a list of team and tournament rules at the on-site registration desk.

Spouses are encouraged to participate — there will be pairings for couples at the tournament. The tournament offers prizes for 1<sup>st</sup> and 2<sup>nd</sup> place. Contests will include longest drive and closest to the pin. Be sure to stick around for many other contests and raffle prizes immediately following the tournament. A golfers' breakfast, tournament buffet luncheon, on-course beer and nonalcoholic beverages will be provided. The event will conclude with an awards ceremony.

## Golfer Registration

List the names of people from your company who will be playing golf. **Check the appropriate box if you wish to play together.** Please do not list a person unless you are certain they will be participating. All rental clubs will be right-handed unless otherwise indicated.

Register Online: [www.rci-online.org/international-convention-register.html](http://www.rci-online.org/international-convention-register.html)

## Registrant Information

<u>Handicap or Avg. Score</u>	<u>Rental Clubs (\$55)</u>	<u>Clubs (circle one)</u>	<u>Rate (\$200 per person)</u>
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The golfers listed below would like to play together; the others have been advised.

Name: _____	_____	\$ _____	L or R	\$ _____
Name: _____	_____	\$ _____	L or R	\$ _____
Name: _____	_____	\$ _____	L or R	\$ _____
Name: _____	_____	\$ _____	L or R	\$ _____
Company: _____				
Address: _____				
City: _____	State/Province: _____			
Zip _____	Phone: _____ - _____ - _____	Fax: _____ - _____ - _____		

**Total Enclosed:**

\$ \_\_\_\_\_

## Payment Information

**FULL PAYMENT Must Accompany Registration**

**Payment Type:**  MasterCard  Visa  American Express

Please check box indicating payment type.  Check (Payable to RCI, U.S. Funds Only)  Discover

Card Number: \_\_\_\_\_

3- or 4-Digit Verification Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If method of payment is not indicated, you authorize RCI to charge your credit card.

RCI, Inc.  
1500 Sunday Drive, Suite 204  
Raleigh, NC 27607

Questions? Call: 800-828-1902  
Fax: 919-859-1328  
www.rci-online.org