



Annual President-Elect's Golf Tournament Golfer Registration Form

Friday, March 15, 2019

\$200 per person

7:30 - 8:30 AM Registration & Breakfast

8:30 AM Tee-Off



Shingle Creek Golf Club **ONSITE**
9939 Universal Boulevard
Orlando, FL 32819
866-996-9933 | shinglecreekgolf.com

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

The annual President-Elect's Golf Tournament will be held Friday, March 15, 2019 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 1st and 2nd 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.

Return form to Event Specialist Ashley Johnson at ajohnson@rci-online.org

Registrant Information

Handicap Rental Clubs Clubs Rate
or Avg. Score (\$55) (circle one) (\$200 per person)

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: ____/____/____

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