



Dr. Richard A. Sleeman Center

Bennington Project Independence

3rd Annual Golf Tournament

Sponsored by the Bank of Bennington

May 9, 2014

Golfer Registration Form

Name:

Address:

Telephone No.:

Email:

Are you signing up as a (circle one): **Single** **Twosome** **Threesome** **Foursome**

If you are signing up with more than one player, please provide the names, addresses and telephone numbers (and email address, if available) of the other players on the reverse side.

Entry Fee of \$125.00 for MACC non-member or \$100 for MACC member must accompany this entry form to confirm your space in this event**

Number of MACC Non-Member Players: _____ x \$125.00 per player = \$ _____

and/or MACC Member Players: _____ x \$100.00 per player = \$ _____

Total enclosed = \$ _____

Registrations may be paid by check or credit card. To pay by credit card please complete the information below. Mail this form (and check if applicable) to: Bennington Project Independence, P.O. Box 1504, Bennington, VT 05201.

Name on Card: _____ Cardholder Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Visa Card Number _____

MasterCard Security Code _____

American Express Expiration _____ / _____
Month Year

Discover

Bring Credit Card
to Event

****Please reserve promptly as space is limited and available on a first come first serve basis.****

Names of Team Members:

Partner 1

Name:

Address:

Telephone No.:

Email:

Partner 2

Name:

Address:

Telephone No.:

Email:

Partner 3

Name:

Address:

Telephone No.:

Email:
