

**2011 BACF PRO-AM**  
**AUGUST 18, 2011: SMUGGLER'S GLEN G.C.**  
**REGISTRATION FORM**

**CAPTAIN'S NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_

**(MOBILE)** \_\_\_\_\_

**CREDIT CARD: VISA**  **MASTERCARD**

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CERTIFIED HANDICAP:** \_\_\_\_\_

**PRACTICE ROUND ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**OVERNIGHT STAY ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**PLAYER 2'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_

**(MOBILE)** \_\_\_\_\_

**CREDIT CARD: VISA**  **MASTERCARD**

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CERTIFIED HANDICAP:** \_\_\_\_\_

**PRACTICE ROUND ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**OVERNIGHT STAY ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**PLAYER 3'S NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_

**(MOBILE)** \_\_\_\_\_

**CREDIT CARD: VISA**  **MASTERCARD**

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**CERTIFIED HANDICAP:** \_\_\_\_\_

**PRACTICE ROUND ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**OVERNIGHT STAY ON AUGUST 17<sup>TH</sup>? YES**  **NO**

**REGISTRATION FEE = \$175.00 PER PLAYER**