



# MaHPAC Golf Tournament

Wednesday, June 12<sup>th</sup>, 2019 10:00 a.m.

**Magnolia Greens**

1800 Tommy Jacobs Drive, Leland, NC 28451

**\$125.00 Per Person**

(Registration Deadline: Friday, May 31<sup>st</sup>, 2019)

Modified shotgun Start at 10:00 a.m. - Check-in 9:00 a.m.

(No jeans, shirts without collars or metal spikes permitted)

This outstanding, 27-hole, public golf facility opened for play in 1998. Designer Tom Jackson's superb routing and imaginative layouts garnered a 4-star rating from Golf Digest. Recognized as one of the top public golf facilities in the southeast, Magnolia Greens has been the venue for several PGA Tour and USGA qualifying events.

- ◆ CAPTAIN'S CHOICE
- ◆ 1<sup>st</sup> and 2<sup>nd</sup> PLACE CASH PRIZES
- ◆ SPECIAL PRIZES: \$10,000 Hole In One Prize, Proximity Prizes

| PRINT NAMES & HANDICAPS OF THOSE REGISTERING | Handicap | Amount          |
|--|----------|-----------------|
| Player #1 _____                              | _____    | \$ _____        |
| Player #2 _____                              | _____    | \$ _____        |
| Player #3 _____                              | _____    | \$ _____        |
| Player #4 _____                              | _____    | \$ _____        |
| <b>TOTAL</b>                                 |          | <b>\$ _____</b> |

**FOURSOME REQUEST:** \_\_\_\_\_

Make check payable to **MaHPAC**. **PAYMENT MUST BE MADE BY PERSONAL CHECK, CREDIT CARD OR MONEY ORDER; IT CANNOT BE A COMPANY CHECK, COMPANY CREDIT CARD OR CASH.** The cost is \$125.00 per person. Mail check and registration form to MaHPAC, P.O. Box 58648, Raleigh, NC 27658-8648 or fax with credit card information to 919-872-4826 by **Friday, May 31<sup>st</sup>, 2019**. Call NCMHA at 800-849-6311 with any questions.

Enclosed is a personal check made payable to MaHPAC for: \$ \_\_\_\_\_

Please charge my personal credit card (information below) for the amount of: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

Visa      Mastercard      AMEX    #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_