



**Registration: 8:00 a.m.**  
**Shotgun: 9:00 a.m.**  
**4 - Person Scramble**  
**\$90 Per Player \$360 4)Some**

**Submit form with payment information prior to October 8th.**

If you need an invoice for payment purposes, please contact Vicki Pelletier at Vicki@hbawf.com or 850-476-0318.

**Players Names, Handicap and Email**

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

Handicap (Required/ Max 30) \_\_\_\_\_

Email: \_\_\_\_\_

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

Handicap (Required/ Max 30) \_\_\_\_\_

Email: \_\_\_\_\_

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

Handicap (Required/ Max 30) \_\_\_\_\_

Email: \_\_\_\_\_

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

Handicap (Required/Max 30) \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Need receipt? \_\_\_\_\_ emailed \_\_\_\_\_ mailed

Contact Name : \_\_\_\_\_ Email or Telephone: \_\_\_\_\_

Charge my (Visa, Mastercard or AmEx) in the amount of \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature: \_\_\_\_\_ Will mail or drop off check.