

BCMC GOLF TOURNAMENT REGISTRATION



BUILDING A NEW TOMORROW

**TURNBERRY GOLF COURSE • 1145 CLUBHOUSE ROAD • PICKERINGTON, OH
TUESDAY, OCTOBER 15, 2002 • 9 AM**

REGISTRATION PROCEDURE:

- 1 Registration deadline is October 1, 2002. Registrations received after October 1, 2002 are subject to availability.
- 2 \$100 fee per player includes: greens fee, cart, continental breakfast, transportation, post-tournament lunch reception and prizes.
- 3 Please list the individuals you wish to golf with under the **TEAM INFORMATION** section.
- 4 If fewer than four players are listed in the **TEAM INFORMATION** section, additional players will be assigned at random to complete your foursome.
- 5 Substitutions are allowed and need to be submitted in writing by October 1, 2002.
- 6 Indicate if you will be riding the bus provided by BCMC. The course is approximately **25 minutes** from downtown.

CONTACT INFORMATION (person submitting form):

1

NAME	COMPANY	PHONE	EMAIL
------	---------	-------	-------

TEAM INFORMATION:

	NAME	COMPANY	HANDICAP	BUS? YES / NO
1	_____	_____	_____	YES / NO
2	_____	_____	_____	YES / NO
3	_____	_____	_____	YES / NO
4	_____	_____	_____	YES / NO

PAYMENT INSTRUCTIONS: Please submit a separate form for each payment.

I am paying for the following golfers and my payment information is included:

1 NAME _____

2 _____

3 _____

4 _____

CHECK ENCLOSED (PAYABLE TO BCMC) MC VISA AMEX
(PLEASE PRINT CLEARLY)

CREDIT CARD NUMBER _____ EXP. _____

NAME THAT APPEARS ON CARD _____

SIGNATURE _____

The following company is paying for my golf:

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

PLEASE RETURN COMPLETED FORM WITH EACH PAYMENT TO:

BCMC
One WTCA Center
6300 Enterprise Lane
Madison, WI 53719
608/274-4849 ext. 9
608/274-3329 (fax)
www.bcmcshow.com
golf@woodtruss.com



CANCELLATION POLICY:

No refunds will be given after September 24, 2002. In the event of cancelled play by Turnberry Golf Course, a \$50 refund will be issued. **No back-up event will be planned.**

<i>For Office Use Only:</i>		DATE	INITS
Date Rcd: _____	Database verified _____	_____	_____
LOCID _____	Contact defined _____	_____	_____
<input type="checkbox"/> Check # _____	Order # _____	_____	_____
<input type="checkbox"/> Charge _____	Payment processed _____	_____	_____
	Contact updated _____	_____	_____