

### sports event sign-up form

#### GOLF

##### ● When

**Monday, March 22, 2010**  
**9:00 am** Registration  
**9:30 pm** Tee-off

##### ● Where

**The Providence Country Club**  
 6001 Providence Country Club Drive  
 Charlotte, NC 28277  
 Tel: +1 704 846 6325  
 www.providenceccc.com

##### ● Directions

485 Exit to 57 (Providence Road), south on Providence Road (approximately 8 miles), turn right onto Providence Country Club Drive. Clubhouse is approximately 1 mile on the left.

##### ● Fees

**\$135** (nonrefundable) per player via credit card or check made payable to ICSC. Fee includes green fees, carts and box lunch.

##### ● Please Note

Space is limited to 144 players and will be confirmed on a first-come, first-served basis. Please pre-arrange your foursome.

##### ● Golf Contact

**Larry Raley**  
 Tel: +1 704 321 1000  
 E-mail: Larry@raleymiller.com

#### TENNIS

##### ● When

**Monday, March 22, 2010**  
**12:00 noon** – Registration and Lunch  
**1:00 pm** – Tournament

##### ● Where

**Olde Providence Racquet Club**  
 5952 Sharon View Road  
 (Corner of Sharon View & Olde Providence Road)  
 Charlotte, NC 28277  
 Tel: +1 704 366 9836  
 www.oprctennis.com

##### ● Directions

Travel south on Providence Road, turn right onto Olde Providence Road, turn right onto Sharon View Road, pass the main entrance to Olde Providence Racquet Club on the left to the new main entrance and follow road to indoor courts.

##### ● Fees

**\$50** per player. Fee includes lunch, tennis court fees, tennis balls and prizes. Fees are due no later than Monday, March 1, 2010. Make checks payable to ICSC.

##### ● Please Note

Space is limited to 24 players and will be confirmed on a first-come, first-served basis. Players arriving after 1:15 pm will be replaced and no refund will be given.

##### ● Tennis Contact

**Diana Teitsma**  
 Tel: +1 704 442 1988 ext. 101  
 E-mail: dteitsma@divaris.com

##### ● ICSC Contact

**Christabelle Flanhardt**  
 Tel: +1 646 728 3638  
 E-mail: cflanhardt@icsc.org

##### ● Return completed form and payment to

**ICSC Registration**  
 P.O. Box 26958  
 New York, NY 10087-6958  
 Tel: +1 646 728 3800  
 Fax: +1 732 694 1800

This form should be duplicated for additional registrations.

Name _____		Company _____	
Address _____			
City _____		State/Province _____	Zip/Postal Code _____
Telephone _____		Fax _____	
E-mail _____			

Enclosed is my entry fee for  Golf  Tennis

#### Method of payment

Check or money order made payable to ICSC enclosed for \$ \_\_\_\_\_  
 MasterCard  Visa  AMEX  Discover \$ \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Number (include all digits) \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_

#### Release of Claims – Read Carefully and Sign

I agree and acknowledge that I am participating in the ICSC Sports Event ("Sports Event") on my own accord. I give this acknowledgement freely and knowingly and I represent and warrant to you that I am physically and mentally fit and that, as a result, able to participate, and I do hereby assume responsibility for my own well-being.

I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participating in any and all activities connected with associated with the Sports Event.

In consideration of the right to participate in the Sports Event, I hereby waive any and all rights or claims I may have as a result of participation in the Sports Event against the International Council of Shopping Centers, Providence Country Club, Olde Providence Racquet Club and their respective directors, officers, employees, members, staff, and all individuals assisting in instructing, sponsoring and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Sports Event.

I further agree to indemnify, defend, and hold harmless the International Council of Shopping Centers, Providence Country Club, Olde Providence Racquet Club and their respective directors, officers, employees, members, staff, and all individuals assisting in instructing, sponsoring and conducting these activities, from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Sports Event.

#### Golf Preferred Foursome

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Note: Please coordinate your choices with each other.*

Net Division: \_\_\_\_\_ or  
 Gross Division: \_\_\_\_\_ or  
 Established Handicap: \_\_\_\_\_ or  
 Estimated Handicap: \_\_\_\_\_  
*(check one only)*