

SPORTS EVENT FORM

GOLF TOURNAMENT

When

Tuesday, July 18, 2017
7:00 am – Registration
8:00 am – Shotgun Start

Where

Brookmeadow Country Club
100 Everendon Road
Canton, MA 02021

Fee

\$100 (non-refundable) per player via check payable to ICSC.
Fee includes: continental breakfast, green fees, boxed lunch, and cart rental.

Golf Contact

Kim Sluter
Tel: +1 401 434 0112
Email: ksluter@neconstruction.com

Please Note

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

Format

Scramble

Preferred Foursome:

1. _____
2. _____
3. _____
4. _____

Note: Please coordinate your choices with each other.

ICSC Contact

Julia Tiberio
Tel: +1 646 728 3598
E-mail: jtiberio@icsc.org

Return completed form and payment to:

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

Terms, Conditions and Rules

This Registration Form is subject to ICSC Terms, Conditions and Rules for Event Registrants available at www.icsc.org/event-terms-and-conditions, which are hereby incorporated by reference.

Note: Each registrant must submit their own registration; please duplicate this form as needed.

Name	Company	
Address		
City	State/Province	Zip/Postal Code
Telephone	Email	(2017NE)

REQUIRED FOR NON-U.S. APPLICANTS: _____
Date of Birth
Country of Citizenship

Please check here if any of the above information has recently changed.

Method of Payment

Check 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)
---	------------------------------