SPORTS EVENT FORM

GOLF TOURNAMENT

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

Where
Brookmeadow Country Club
100 Everendon Road
Canton, MA 02021

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

Please Note
Space is limited to **70** players and will be confirmed on a first-come, first-served basis. Please pre-arrange your foursome.

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

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: _____

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

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

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.

Return completed form and payment to:
ICSC Registration
P.O. Box 26958
New York, NY 10087-6958
Fax: +1 732 694 1800

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) _____