

19th GFIC College Scholarship Golf Classic

PLAYER REGISTRATION FORM

Complete and fax, 404-233-6309, or mail to GFIC, 945 East Paces Ferry Road, Suite 1730, Atlanta, GA 30326.
You may also register at www.georgiacolleges.org.

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

PAYMENT: \$ _____
 Check enclosed payable to GFIC Invoice required
 Credit card payment Choose one: Amex Visa MasterCard

Name on card _____
_____ Exp. _____
Signature _____

Player 1 _____ **Handicap** _____

Email address _____

Player 2 _____ **Handicap** _____

Email address _____

Player 3 _____ **Handicap** _____

Email address _____

Player 4 _____ **Handicap** _____

Email address _____

Player 5 _____ **Handicap** _____

Email address _____

Player 6 _____ **Handicap** _____

Email address _____

Player 7 _____ **Handicap** _____

Email address _____

Player 8 _____ **Handicap** _____

Email address _____

- We wish to play together, if possible.
- We are willing to play with other golfers.