

GCSAA NATIONAL CHAMPIONSHIP

► **ENTRY DEADLINE:** Monday, November 19, 2007, at 5 pm CST

ORLANDO 2008

Male Female

Member Number	Member Class		
First Name	M Initial	Last Name	Nickname
Club/Firm Name			
Preferred Mailing Address (Street Address) <input type="checkbox"/> Home <input type="checkbox"/> Business		City	State
()		Zip	
Daytime Telephone	Country Code	Fax Number	E-Mail Address (please print legibly)
()	()	()	()
Emergency Contact Name	Contact Phone Number	Mobile Phone Number	

Check here and indicate any special ADA needs in a separate letter.

OFFICE USE ONLY

COMMEMORATIVE TEE PRIZE

Size Information

Golf Shirt

M L XL XXL

Short-Sleeved Wind Shirt

M L XL XXL

National Golf Championship Housing

Because competitors are not required to stay in the host hotel, GCSAA has secured a limited number of hotel rooms. **First-come, first-serve** will apply, so register **early** to secure your hotel room. GCSAA reserves the right to place you in another hotel based on availability. The Caribe Royale Orlando is **not** a conference and show hotel and the contracted rates cannot be guaranteed after Wednesday, Jan. 30, 2008. Please complete the reservation requirements below with accuracy to avoid any delays in processing reservations. If you plan to share a room with another participant, please verify this with your proposed roommate(s) before listing his/her name. Each person requesting a room reservation **must** complete this portion of the form and provide a credit card for guarantee.

<p>ROOM TYPE</p> <p><input type="checkbox"/> Standard Queen: Double (2 people/2 beds) Triple (3 people/2 beds) Quads (4 people/2 beds)</p> <p><input type="checkbox"/> Standard King: Single (1 person/1 bed) Double (2 people/1 bed)</p> <p><input type="checkbox"/> Deluxe King: Single (1 person/1 bed) Limited availability Double (2 people/1 bed) Limited availability</p>	<p>ROOM RATE</p> <p>\$185 plus taxes per room</p> <p>\$185 plus taxes per room</p> <p>\$205 plus taxes per room</p>	<p>PERSONAL INFORMATION</p> <p style="text-align: right;">/2008</p> <p>Arrival Date: _____ Departure Date: _____</p> <p>Sharing w/event participant (name): _____</p> <p>Sharing w/spouse or child (name): _____</p> <p><input type="checkbox"/> Not staying at host hotel</p>
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Villas: Limited availability (3-4 competitors per villa or families) – Please call Golf Industry Travel at 800.422.7220 for availability and rate.
Cancellations/Changes: Please do not be a “no-show.” Should you find you must change or cancel your plans to attend the 2008 event, contact Golf Industry Travel at 800.442.7220. All changes after December 22, 2007, will be subject to approval of the hotel. **Credit card information is required for room guarantee: Complete the credit card section at the bottom to secure your reservations.**

National Championship Entry Fees

9101 National Championship Entry (Sun, Jan. 27 – Tue, Jan. 29) \$600

9103 Family/Guest ticket (number of tickets _____) \$100 each \$ _____

*Family/Guest ticket includes Welcoming Reception, and three 19th Hole events.
 Family/guests ages 20 and younger admitted at no charge, but please include names for badges.*

Family/Guest Name: _____

Family/Guest Name: _____

Grand Total Owed: \$ _____

Certification of Handicap

Handicap information is mandatory. You must submit a copy of your current handicap card with your registration form.

Name of association issuing your handicap: _____

Contact Name: _____

Contact Number: _____

GHN Number or similar identification number: _____

Status: Amateur Pro

HANDICAP INDEX

MUST BE 5.0 OR LESS TO BE ELIGIBLE

OFFICE USE ONLY
HDCP VERIFIED

_____ DATE

INTERNATIONAL COMPETITORS: Eligibility of an international player must be certified by the organization governing golf in his/her home country. All handicap indexes will be verified for flighting purposes approximately 60 days before the championship.

FLIGHT INFORMATION: All flights will be determined based on competitor’s verified handicap index.

Form of Payment

Credit Card MasterCard Visa American Express

Please use my credit card for room guarantee only. Check payment is enclosed for fees.

Please use my credit card for both room guarantee and payment of fees.

Credit Card Number (AMEX will only be 15 digits)

Card Holder’s Name (please print)

Check (Payable to GCSAA-U.S. dollars drawn on U.S. bank)

Mail to: GCSAA Registration,
P.O. Box 219004, Kansas City, MO, 64121-9004

Fax to: 785.832.3628 (don’t do both),
with credit card payment information.

Expiration Date (MM/YYYY)

Card Holder’s Signature

Cancellation/Refund Policy

All cancellation requests must be submitted in writing. Cancellations received before **Monday, Nov. 19, 2007**, will be honored for a full refund, less a \$25 administration fee. After **Nov. 19, 2007**, the entry fee will be refunded in the event of injury or medical emergency, if requested prior to the first day of competition.

No refunds will be issued for any reason after the start of competition.

