



2024 MPF Golf Classic Registration

Flight: [ ] Men's [ ] Mixed [ ] Women's

Player #1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_
Player #2 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_
Player #3 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_
Player #4 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Format: The format is an 18-hole, 4-person scramble. Men's, women's, and mixed-team flights are permitted. Golfer packages that include string and drink tickets will be available for purchase at registration for use on the course.

Foursomes: Individuals may make up their own teams. Each team must submit a completed registration form listing the players on their team. Individuals signing up to play as a single will be placed in a foursome and assigned teammates.

Registration Fees: On or before June 1st, fees are \$175 per individual registration and \$650 per foursome\*\* registration. Payments must be received through June 1st for early registration discounts to apply. Beginning June 2nd through registration onsite, the cost is \$190 per individual registration and \$750 per foursome registration. A \$25 administrative fee will be charged for cancellations received on or before June 7th. After June 11th, refunds will not be granted.

Note: Foursome payments must be received at the same time to secure the foursome rate. Registration includes greens fees and cart, practice range use, lunch at the turn, and awards ceremony.

As a special gift, a free golf glove will be provided for those who register by June 1st, 2024. E-mail Rick Drabek @ rdrabek@michiganpharmacists.org with glove hand and size by June 1st.

Golf Schedule:

Table with 2 columns: Time and Activity. Rows include: 8:00-9:30 a.m. Registration, driving range, and putting green will be open; 8:00-9:30 a.m. Sale of golfer package and registration for putting contest; 9:15 a.m. Putting contest; 10:00 a.m. Play (shotgun start); 3:30 - 4:30 p.m. Awards ceremony

PAYMENT INFORMATION

Online Payment Option: MPFgolf.org

- [ ] Check payable to MPF in the amount of: \$ \_\_\_\_\_
[ ] Credit card payment in the amount of: \$ \_\_\_\_\_
[ ] Card Type: [ ] VISA [ ] MasterCard [ ] AmEx

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

