



**ARE ALL
PLAYERS TO
BE BILLED
TO FIRST
CREDIT CARD?
circle one**

YES NO

***Please complete this
form and return it to:***

Joe Lippert
COAGO 2011
7735 Thorncroft Ct.
Columbus, OH 43235
Fax 614-236-0418
lipperj@nationwide.com
golf@copama.org

Or

Bill Reinert
C/O COPAMA
PO Box 340494
Columbus, Ohio
43234-0494
treasurer@copama.org

**Forms must be
returned no later
than
Thursday
September 1st**

**Only enter credit
card information
once if paying for
multiple players!**

The Central Ohio Aviation 9th Annual Golf Scramble

REGISTRATION FORM

Friday, September 9, 2011

Registration at 7:00 am, Shotgun Start at 8:00 am

!!! Willow Run Golf Course!!!

www.golfwillowrun.com

PLEASE PRINT LEGIBLY



PLAYER 1 \$50	Name			
	Address			
	City, State, Zip			
	Phone			
	Email			
	Check Enclosed	<input type="checkbox"/>		
	Credit Card Information	Name on Card		
		Card #	Exp	CVC #
<i>Please provide Credit Card Billing address for player(s) above?</i>				
PLAYER 2 \$50	Name			
	Address			
	City, State, Zip			
	Phone			
	Email			
	Check Enclosed	<input type="checkbox"/>		
	Credit Card Information	Name on Card		
		Card #	Exp	CVC
<i>Please provide Credit Card Billing address for player(s) above?</i>				
PLAYER 3 \$50	Name			
	Address			
	City, State, Zip			
	Phone			
	Email			
	Check Enclosed	<input type="checkbox"/>		
	Credit Card Information	Name on Card		
		Card #	Exp	CVC
<i>Please provide Credit Card Billing address for player(s) above?</i>				
PLAYER 4 \$50	Name			
	Address			
	City, State, Zip			
	Phone			
	Email			
	Check Enclosed	<input type="checkbox"/>		
	Credit Card Information	Name on Card		
		Card #	Exp	CVC
<i>Please provide Credit Card Billing address for player(s) above?</i>				