The Central Ohio Aviation 10th Annual Golf Scramble



**REGISTRATION FORM**

Friday, September 7, 2012

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

**!!! Willow Run Golf Course !!!** [**www.golfwillowrun.com**](http://www.golfwillowrun.com)

**PLEASE PRINT LEGIBLY**

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| --- | --- | --- |
| PLAYER 1ALL PLAYERS TO BE BILLED  TO FIRST CREDIT CARD? circle one Yes No$50***Please complete this form and return it to:***Joe LippertCOPAMA7735 Thorncroft Ct.Columbus, OH 43235**OR**golf@copama.org**OR**Fax:614-236-0418(please call 614-397-1587 and let me know you sent it)**Forms must be returned no later than** **Thursday August 30th** | Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |
| Check Enclosed |  |  |
| Credit Card Information | Name on Card |
|  | Card # | Exp | **CVC #** |
| ***Billing address for card same as above? If not, please provide billing address below*** |
|  |
| PLAYER 2$50 | Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |
| Check Enclosed |  |  |
| Credit Card Information | Name on Card |
|  | Card # | Exp | CVC |
| ***Billing address for card same as above? If not, please provide billing address below*** |
|  |
| PLAYER 3$50 | Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |
| Check Enclosed |  |  |
| Credit Card Information | Name on Card |
|  | Card # | Exp | CVC |
| ***Billing address for card same as above? If not, please provide billing address below*** |
|  |
| PLAYER 4$50 | Name |  |
| Address |  |
| City, State, Zip |  |
| Phone |  |
| Email |  |
| Check Enclosed |  |  |
| Credit Card Information | Name on Card |
|  | Card # | Exp | CVC |
| ***Billing address for card same as above? If not, please provide billing address below*** |
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