

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

Yes

No

## Please complete this form and return it to:

Joe Lippert COPAMA 7735 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

## 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
PLEASE PRINT LEGIBLY

PLAYER	Name					
1	Address					
	City, State, Zip					
\$50	Phone					
	Email					
	Check Enclosed					
	Credit Card Information	Name on Card				
		Card	#		Exp	CVC#
		Billing	g address for card sai	me as above? If not, ple	ease provide billing addres	s below
DI 4)/50	Name					
PLAYER	Address					
2	City, State, Zip					
	Phone					
\$50	Email					
	Check					
	Enclosed					
	Credit Card Information	Name	e on Card			
		Card	#		Exp	CVC
		Billing	g address for card sa	me as above? If not, ple	ease provide billing addres	s below
PLAYER	Name					
3	Address					
	City, State, Zip					
\$50	Phone					
	Email					
	Check Enclosed					
	Credit Card Information	Name on Card				
		Card	#		Exp	CVC
		Billing	g address for card sa	ne as above? If not, ple	ease provide billing addres	s below
PLAYER	Name					
4	Address					
4	City, State, Zip					
\$50	Phone					
ΨΟΟ	Email					
	Check					
	Enclosed Credit Card	Name	e on Card			
	Information	Card	#		Exp	CVC
		Billing address for card same as above? If not, please provide billing address				
	g and see is. Said saine as above. It has proude provide bining address below					