



# 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**

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](mailto: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**

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>Billing address for card same as above? If not, please provide billing address below</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>Billing address for card same as above? If not, please provide billing address below</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>Billing address for card same as above? If not, please provide billing address below</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>Billing address for card same as above? If not, please provide billing address below</i>			