



TEAM ENTRY CONFIRMATION FORM

PLEASE NOTE: * = Must fill in before returning • Please Print Legibly

Only fully completed entry forms will be processed

ENTRY FEE: \$3,300 PER TEAM

* Club Name:
* Mailing Address:
* Phone: * Fax:
* E-Mail Address:

PROFESSIONAL

* Name
* Alternate Email/Postal Address (for seasonal contact information):

AMATEUR

* Name
* Alternate Email/Postal Address (for seasonal contact information):

THIS FORM IS TO CONFIRM YOUR CLUB'S TEAM PARTICIPATION ONLY

Team detailed information (Names/Division etc.) will be required by October 15th, 2018

PAYMENT METHOD



Credit Card Information

Card Type:..... Expiration Date:.....

Card Number:Sec. Code #.....

Signature:

In lieu of PAYPAL, please mail checks to
Bermuda Goodwill Golf
C/O Marc E. Groman, CPA
52 Yorktown Rd, East Brunswick, NJ 08816 USA
BERMUDA TEAMS - Please mail checks to Bermuda Tees,
P.O. Box HM 2896, HM LX Bermuda
Direct Deposit: BNTB Acct. #0601594300010

For more information contact:

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Bermuda Tees: Karen Marsh, 441 295 4640 • 441 799 0842 • Email: kmarsh@bermudatees.bm