



ENTRY 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 Age: 55+ Senior :
* Alternate Email: Spouse/Guest
(for seasonal contact information)

AMATEUR

* Name Spouse / Guest
* GHIN Number..... GHIN Index..... Age: Male Female
* Name Spouse / Guest
* GHIN Number..... GHIN Index..... Age: Male Female
* Name Spouse / Guest
* GHIN Number..... GHIN Index..... Age: Male Female

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

Social Events Guest Fee \$100 per guest

Accomodations see website, Where To Stay for Host Hotels www.bermudagoodwillgolf.com

For more information contact:

Bob Corrao, 914 239 3077 (free call) • 441 293 4938 • Email: bobcorrao@me.com

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

www.bermudagoodwillgolf.com