



**5TH ANNUAL FSACOFP FOUNDATION GOLF TOURNAMENT 8:00 AM
REGISTRATION FORM**

Thank you for supporting the 5th Annual FSACOFP Golf Tournament, Saturday, August 2, 2014, at the Waldorf Astoria Golf Club in Orlando, Florida. Please include \$150 per player or \$600 for a foursome, which will cover the cost of lunch, fees, cart and prizes. Confirmations and additional information will be sent to you.

Name of Contact _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ Email _____

Player #1 _____ Player #3 _____

Player #2 _____ Player #4 _____

Level of play: _____ Beginner _____ Intermediate _____ Advanced

PAYMENT: Total \$ _____ Check # _____ made payable to FSACOFP

Credit Card Payment: MC / Visa / AmEx / Discover (circle one)

Card # _____ Sec Code _____ Exp Date _____

Name on Card _____ Billing Address Zip _____

Signature

Date

A portion of the proceeds will benefit the Florida Diabetes Camp.

Fax or Mail to: FSACOFP, 2007 Apalachee Parkway, Suite A, Tallahassee, FL 32301

Fax: (850) 942-7538

For more info contact: drbellinger@msn.com

1-888-907-6851