

THURSDAY, JUNE 13, 2019
CHECK IN: 11:30 A.M.
SHOTGUN START: NOON
SCRAMBLE FORMAT

SAGAMORE GOLF CLUB
46 FRANK CAMERON RD.
BOLTON LANDING, NY 12814
WWW.THESAGAMORE.COM

REGISTRATION DEADLINE: MAY 24, 2019

Participation in the golf tournament requires a \$160 registration fee per day, per player and includes a golf cart and lunch.

Name: _____ Title: _____

Company: _____

Phone: _____ Email: _____ Handicap: _____

Please place me in a foursome.

I am registering the following additional players to be included in my foursome:

Name: _____ Title: _____

Company: _____

Phone: _____ Email: _____ Handicap: _____

Name: _____ Title: _____

Company: _____

Phone: _____ Email: _____ Handicap: _____

Name: _____ Title: _____

Company: _____

Phone: _____ Email: _____ Handicap: _____

I am a Professional Sponsor and registration is included for four players.

I am an Amateur Sponsor and registration is included for two players.

I am a Beverage Cart Sponsor and registration is included for two players.

I am a Lunch Sponsor and registration is included for one player.

I am a Putting Green & Contest Sponsor and registration is included for one player.

I have included \$ _____ for _____ golfers.

(continued)

ALL PROCEEDS BENEFIT:



SUBMISSION & PAYMENT

Complete and submit this form with payment information via fax to (518) 437-8297 or mail to New York Credit Union Foundation, P.O. Box 15118, Albany, NY 12212-5118.

To pay by:

- Electronic Funds Transfer: The New York Credit Union Foundation is authorized to transfer funds electronically from credit union account # _____ at ABA # _____ in the amount of \$ _____
- Check/Share Draft: Complete and print this form and send with check/share draft made payable to the New York Credit Union Foundation and send to the address above.
- *Credit Card: Complete and print this form and fill out the requested credit card and contact information below. Fax completed form to the Association's secure fax line, (518) 437-8297 or mail to the address above.

Name on credit card: _____

Type of card: MasterCard Visa American Express Total: \$ _____

Credit card number: _____ Expiration date: _____

Billing address:

Street/P.O. Box: _____ City: _____ State: _____ Zip: _____

** In an effort to abide by PCI compliance standards, we ask that you DO NOT include your credit card information in any email form submissions.*

For more information, contact Events & Training at events.training@nycua.org or (800) 342-9835, ext. 8546.

THANK YOU FOR YOUR SUPPORT!