

GOLF TOURNAMENT FORM

Wednesday, August 15 - Ocean City Golf Club

11401 Country Club Drive, Berlin, MD 21811 410.641.1779

Check In 7:30 am - Shotgun Start 9:00 am - SCRAMBLE

\$75 - MACo Member - County government and Corporate Partners

\$90 - Non-Member - All other government & commercial

YOU MUST BE A CONFERENCE ATTENDEE, SPONSOR, OR EXHIBITOR TO PARTICIPATE IN THE GOLF TOURNAMENT

Choose your own foursome or we can do it for you! You are responsible for finding your own replacement if you cancel after registration. *Directions and teams will be emailed to you a week prior to the Golf Tournament. Be sure to include your email below.*

Completely fill out information for EACH golfer below.

**Send Form
and
Payment to:**

MACo
169 Conduit St.
Annapolis, MD
21401

Fax Number:
410.268.1775

Questions?

NICOLETTE
QUERRY
410.269.0043

[nquerry@
mdcounties.org](mailto:nquerry@mdcounties.org)

Your Name: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

email: _____

Player 2: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

email: _____

Player 3: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

email: _____

Player 4: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

email: _____

PAYMENT: No refunds. Your registration will NOT be processed without a COMPLETED FORM & PAYMENT.

Sorry, we do not take AMEX. FULL BILLING ADDRESS REQUIRED FOR CREDIT CARD PAYMENTS

Fax to 1.410.228.1775 or email to nquerry@mdcounties.org or mail to 169 Conduit St, Annapolis, MD 21401

CARD#: _____ EXPIRATION DATE: _____

SECURITY CODE #: _____ BILLING ADDRESS: _____

CARDHOLDER NAME: _____

SIGNATURE: **(Required)** _____

MACo USE ONLY:

DATE PAID: _____ CHECK NUMBER _____ AMOUNT PAID: _____