

GOLF TOURNAMENT FORM

Wednesday, August 16 - 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?

ALLISON
VALLIANT
410.269.0043

[avalliant@
mdcounties.org](mailto:avalliant@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 .

CARD#: _____ **EXPIRATION DATE:** _____

SECURITY CODE #: _____ **BILLING ADDRESS:** _____

CARDHOLDER NAME: _____

SIGNATURE: (Required) _____

MACo USE ONLY:

DATE PAID: _____ **CHECK NUMBER** _____ **AMOUNT PAID:** _____