

WEDNESDAY GOLF TOURNAMENT

Bring clients to fill your foursome or let us match you with county golfers—a great networking opportunity!

Wednesday, August 14 - Ocean City Golf Club

11401 Country Club Drive, Berlin, MD 21811 | Check In 7:30 am - Shotgun Start 9:00 am - SCRAMBLE

\$75 - MACo Member (Conference Registrants & Exhibitors Only) - County government and Corporate Partners

\$90 - Non-Member (Conference Registrants, Exhibitors, & Sponsors Only) - All other government & commercial

NEW: \$285 Member Foursome/\$345 Non-Member Foursome

(1 golfer of the foursome must be a Conference Registrant, Exhibitor, or Sponsor)

Choose your own foursome or we can do it for you! *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 or [REGISTER ONLINE](#)

**Send Form
and
Payment to:**

MACo
169 Conduit Street
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: _____

Want to be matched with county golfers? No guarantees, but tell us which counties you need to connect with and we'll do our best to match you! Counties: _____

Your product or service: _____

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: _____