

Registration and Payment Information Form

HTA 2010 Autumn Golf Tournament

Renaissance Park Golf Club
Thursday, September 9, 2010

Name: _____

Email address: _____

Company: _____

Telephone #: _____ Fax #: _____

Please list your foursome here: (If you require registration for additional players, please enclose information on a separate sheet)

1) _____

2) _____

3) _____

4) _____

Pre-payment Information (required for this event and non-refundable):

_____ Number of Participants @ \$95.00

\$_____ Total Amount

Method of Payment:

1) _____ Credit Card: AMEX VISA MC

CC#: _____

Exp: ____/____/____ Zip Code: _____

Signature: _____ Amount: \$ _____

2) _____ Check enclosed for \$ _____

Please mail checks to:

301 South McDowell Street, Suite 1106, Charlotte, NC 28204

(Payment must be received by Wednesday, August 25, 2010.)

****Registrations and payments are non-cancelable and are non-refundable****

If you have questions, please call the HTA office at 704.331.0079.