

REGISTRATION AND PAYMENT INFORMATION FORM

HTA 2011 SPRING GOLF TOURNAMENT BIRKDALE GOLF CLUB WEDNESDAY APRIL 27, 2011

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 to HTA: 301 South McDowell Street, Suite 1106, Charlotte, NC 28204

(Payment must be received by Thursday, April 7, 2011)

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

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