



Golf Tournament Individual Registration Form

PLAYER

Name: _____
Address: _____
City: _____, PR Zip Code: _____
Telephone: _____ Fax: _____
Don't Forget!! Ghin: _____ HCP-P _____

PARTNER

Name: _____
Address: _____
City: _____, PR Zip Code: _____
Telephone: _____ Fax: _____
Don't Forget!! Ghin: _____ HCP-P _____

I wish to register for the *16th El Pionero Golf Tournament* to be held on Saturday, May 2, 2009 at Costa Caribe Golf & Country Club in Ponce, Puerto Rico. Registration Fee: \$200.00

METHOD OF PAYMENT:

VISA Master Card Enclosed check # _____ Bill Me Later

Card #: _____ Expiration Date: ___/___/___

Please indicate amount to be charged: () Player \$200.00 () Player & Partner \$400.00

Cardholder's Name: _____

Authorized Signature: _____

Date Signature was posted: ___/___/___ _____

PLEASE SEND REGISTRATION FORM VIA FACSIMILE: (787) 842-2024

Attn: Grace M. Burgos, Secretary, or Carmen A. Rosaly of the Organizing Committee.

Refund Policy

In order to obtain a refund, you must send a petition in writing to the Secretary of the Organizing Committee, on or before midnight April 1, 2010. NO refunds will be awarded to petitions received after midnight April 1, 2010.

Individual players are included in a Waiting List in order of receipt of Registration Forms. The Committee will notify your official registration once spaces become available. Payment does not insure, nor guarantee, the availability of space.