



Schomp BMW Cup

A Colorado AvidGolfer Event

MONDAY & TUESDAY JUNE 4 & 5, 2018

RAVENNA

11118 Caretaker Rd, Littleton, CO

TEAM REGISTRATION FORM

SCHOMP BMW CUP TEAM (Company or Team name): _____

PLAYER 1 name: _____

USGA handicap index: _____ GHIN number*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

PAIRINGS PARTY on **Thursday, May 31, 5:30 p.m-7:30 p.m.** at **Perry's Steakhouse & Grille** at Park Meadows Retail Resort 303-792-2571.

Please respond Yes _____ No _____ I plan to attend the PAIRING PARTY

PLAYER 2 name: _____

USGA handicap index: _____ GHIN number*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please respond Yes _____ No _____ I plan to attend the PAIRINGS PARTY on Thursday, May 31, 5:30 p.m-7:30 p.m. at Perry's Steakhouse & Grille.

*CURRENT USGA HANDICAP or GHIN NUMBER REQUIRED to compete for the 2018 SCHOMP BMW CUP.

CONTACT Melissa Holmberg at 720-493-1729 ext. 15 or melissa@coloradoavidgolfer.com if you have any questions.

For complete details about the event, please refer to the Schedule of Events, Rules of Play, Team Challenges and Contests.

ENTRY FEE (twosome): \$ 2,400

PAYMENT TOTAL (Entry Fee) **TOTAL DUE** \$ _____

PAYMENT TYPE: Visa _____ MasterCard _____ Amex _____ Check _____

CARD NUMBER: _____ **EXPIRATION DATE (MM/YY):** _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: _____

CARDHOLDER'S SIGNATURE: _____

EMAIL completed form to melissa@coloradoavidgolfer.com or send it via FAX to 720-482-0784

MAIL TO: Colorado AvidGolfer, Attn: Melissa Holmberg, 7200 S. Alton Way, Suite A-180, Centennial, Colorado 80112

By registering for this event, you authorize CAG to use photos of you in future CAG marketing/promotional materials, including electronic formats.