

# Registration Form

**\$125 per person or \$500 per foursome**

Price includes Continental Breakfast, Driving Range, Cart, Gift Bag, and Awards Luncheon.



## Player #1

Name \_\_\_\_\_  
HDCP \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Shirt Size: S M L XL XXL  
Men's or Ladies': \_\_\_\_\_

## Player #3

Name \_\_\_\_\_  
HDCP \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Shirt Size: S M L XL XXL  
Men's or Ladies': \_\_\_\_\_

## Rental clubs

**Circle the number of players that apply**

1 2 3 4

Men's: \_\_\_\_\_ Right \_\_\_\_\_ Left Handed

Ladies' \_\_\_\_\_ Right \_\_\_\_\_ Left Handed

**Instructional golf clinic and awards luncheon package  
\$75.00 per person**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Shirt Size: S M L XL XXL  
Men's or Ladies': \_\_\_\_\_

## Player #2

Name \_\_\_\_\_  
HDCP \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Shirt Size: S M L XL XXL  
Men's or Ladies': \_\_\_\_\_

## Player #4

Name \_\_\_\_\_  
HDCP \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Shirt Size: S M L XL XXL  
Men's or Ladies': \_\_\_\_\_

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*I cannot attend, but I would like to support the important work of the Charles and Linda Williams Children's Museum.*

*Enclosed is my contribution of \$ \_\_\_\_\_*

**Total amount enclosed:** \_\_\_\_\_

**Please make checks payable to:  
Museum of Arts & Sciences**

**Mail to:  
Children's Museum Classic,  
P.O. Box 2038,  
Ormond Beach, FL 32175-2038**

**For Credit Card payments, please contact the Museum:  
386.255.0285, ext. 310**

A portion of your registration is tax deductible as allowable under Florida State Law.

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