

**NEW
COURSE
INFO**

APAC's 11th Annual Pat Crow-Segal Golf Classic!

Wednesday, August 26, 2009

Hawk's Landing Golf Club at the Orlando World Center Marriott

You must be a registered Convention Attendee or Exhibitor to participate in the Golf Tournament. Please plan to arrive at registration no later than 7:15 a.m. for an 8:00 a.m. Tee-Off. Shotgun Start. Cut-off date is August 8. No registrations will be accepted after this date. **Registrations will not be accepted without payment. No Exceptions!**

Primary golfer should be the person who can answer questions about the foursome.

Maximum limit is 120 players.

Transportation to Hawk's Landing Golf Club will be provided. Bus will load outside the Caribe main lobby at 7am. If you drive, **FREE VALET PARKING is available at the Marriott Hotel.**



Champion Package

Golf, Trophies, Prizes and Lunch for Eight

\$1,100 if purchased prior to July 17

\$1,200 if purchased after July 17

Super Package

Golf, Trophies, Prizes and Lunch for Four

\$600 if purchased prior to July 17

\$700 if purchased after July 17

Special Package

Golf, Trophies, Prizes and Lunch for One

\$165 if purchased prior to July 17

\$180 if purchased after July 17



Company Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Please Complete Reverse Side of Form!

Make Checks Payable to FAA and mail to:
341 N. Maitland Ave., Suite 130, Maitland, FL 32751
p 407-647-8839 • f 407-629-2502

	Before 7/17	After 7/17	
<input type="radio"/> Champion Package	\$1,100	\$1,200	\$ _____
<input type="radio"/> Super Package	\$600	\$700	\$ _____
<input type="radio"/> Special Package	\$165	\$180	\$ _____
	Total		\$ _____

Don't forget to bring money for Mulligans!

Method of Payment:

Check Master Card Visa American Express

Name (As it appears on card) _____

Credit Card Number _____

Signature: _____

Expiration Date _____ Verification Code* _____

*The verification code for Master Card or Visa is a 3 digit number on the back of the card. For American Express it is a 4 digit number on the front of the card.

NOTE: FAA USE ONLY

Amount Paid: _____ Date Processed: _____

Check #: _____

Primary Golfer in 1st Foursome

Primary Golfer in 2nd Foursome

Player No. 1

Company

Address

City State Zip

Phone

Fax

E-mail

Handicap

Player No. 1

Company

Address

City State Zip

Phone

Fax

E-mail

Handicap

Other Players in Foursome

Other Players in Foursome

Player No. 2

Company

Handicap

Player No. 3

Company

Handicap

Player No. 4

Company

Handicap

Player No. 2

Company

Handicap

Player No. 3

Company

Handicap

Player No. 4

Company

Handicap

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