



**12th Annual Golf Tournament
Miami Lakes Golf Club
Registration Form**

INFORMATION (REQUIRED)			
MAIN CONTACT		PHONE	
BILLING ADDRESS:	TOURNAMENT USE ONLY	TEAM NUMBER	PAID

PLAYER 1 NAME:	SHIRT SIZE	EMAIL ADDRESS	PHONE
PLAYER 2 NAME	SHIRT SIZE	EMAIL ADDRESS	PHONE
PLAYER 3 NAME	SHIRT SIZE	EMAIL ADDRESS	PHONE
PLAYER 4 NAME	SHIRT SIZE	EMAIL ADDRESS	PHONE

TOURNAMENT ENTRY FEES	
Entry Fee:	
Team	<u>\$1,000.00</u>

PAYMENT OPTIONS
<p align="center">Mail or drop off entry with check to:</p> <p align="center">Monica Burguera Foundation Attn: Mabel Gonzalez 1801 SW 3RD Avenue Miami 33129</p> <p align="center">Please make checks payable to: <i>Monica Burguera Foundation</i></p> <p><u>Credit Card Information:</u></p> <p>Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/></p> <p>Credit Card Number: _____ - _____ - _____ - _____</p> <p>Exp. Date: _____</p> <p>Billing Zip Code: _____ CVC: _____</p>