

GOLF TOURNAMENT REGISTRATION FORM

JULY 22, 2024 | 7:00 AM TO 2:00 PM
SHINGLE CREEK GOLF CLUB | ORLANDO

Registration and Continental Breakfast at 7:00 a.m.;
Shotgun start at 8:00 a.m.

PARTICIPANT INFORMATION (please print)

CONTACT NAME

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

EMAIL

PHONE

PARTICIPANTS

For each golf participant, please provide an email address and phone number. *Pairings/foursomes cannot be established unless participants are paid in full with this registration form. No TBAs will be accepted.

1. NAME

PHONE

EMAIL

2. NAME

PHONE

EMAIL

3. NAME

PHONE

EMAIL

4. NAME

PHONE

EMAIL

PAYMENT INFORMATION

\$200 per individual

\$700 per foursome (all 4 players must register together)

CHECK ENCLOSED

CREDIT CARD

American Express VISA

MasterCard Discover

CARD NO.

EXPIRATION DATE CVV

CARDHOLDER'S NAME

EMAIL FOR RECEIPT

TOTAL PAYMENT \$

SIGNATURE

2 EASY WAYS TO REGISTER

1 **INTERNET**
www.fhca.org

Register online and
receive immediate
acknowledgement.

2 **MAIL**

FHCA
P.O. Box 1459
Tallahassee, FL 32302

Proceeds from the FHCA Golf Tournament will support
scholarships awarded through the 501c3 FHC Education
& Development Foundation.

FHCA GOLF TOURNAMENT SPONSOR

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For more information visit <http://tinyurl.com/FHCAGolf>
or contact Kristen Knapp at kknapp@fhca.org.