



PIAVA/DC **Special Olympics** Golf Tournament  
 The Brookwoods Golf Club - Quinton, VA  
 Monday, May 1, 2017



**Golfer Registration Form**

Complete and return to: PIA VA/DC 8751 Park Central Dr., Ste 140, Richmond, VA 23227  
 Phone: (804) 264-2582 Fax: (804) 266-1075 [carol@piavadc.com](mailto:carol@piavadc.com) www.piavadc.com

**When:** Monday, May 1, 2017 **Time:** 11:30 am Registration and Putting Contest  
 1:00 pm Tee Off (Awards and refreshments at conclusion)

**Where:** The Brookwoods Golf Club, 7325 Club Drive, Quinton, VA 23141, Tel. (804) 932-3737

**Cost:**  
 Individual: \$85 / person (includes greens fee, cart, box lunch & refreshments on the course and at the end of the day)  
**OR**  
 Golf Package: \$425 includes four player packages **plus** Golf Sponsor Signage on one Hole

**Directions:** Located between Richmond and Williamsburg, Virginia. From Interstate 64 take Exit 205 (Bottoms Bridge) to Route 60. At the traffic light turn left on Route 60 East. Go 7/10th mile and turn left onto Route 1201 (Brook Boulevard). Take the second left turn onto Club Drive. The entrance to the Clubhouse is on the right.

**Cancellation Policy** Substitutions are allowed. No refunds for cancellations received after April 21, 2017.

**\$20 Golf Package (Cash Only)**  
**3 Mulligans**  
**1 Shot from the Ladies tee**

*This package will be available for purchase on-site along with a 50/50 raffle.*

**All proceeds benefit Special Olympics**

**Windshield Repair Available**

**Rob's Glassworks** will be on-site to repair your damaged windshield while you play.

Check **ONE:** \_\_\_\_\_ Single Player (\$85) \_\_\_\_\_ Register multiple players (up to 4 players) (\$85 ea) \* \_\_\_\_\_ Golf Package (\$425)  
*\*If each player is paying separately, please note below.*

Player 1: \_\_\_\_\_ Handicap/Avg. Score: \_\_\_\_\_  
 Player 2: \_\_\_\_\_ Handicap/Avg. Score: \_\_\_\_\_  
 Player 3: \_\_\_\_\_ Handicap/Avg. Score: \_\_\_\_\_  
 Player 4: \_\_\_\_\_ Handicap/Avg. Score: \_\_\_\_\_

**Please note:** Golf course will pair players if less than 4 per team are registered.

**Main Contact Person, please complete the following:**  
 Main Contact Name: \_\_\_\_\_  
 Contact Business Name: \_\_\_\_\_  
 Contact Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Information:** \_\_\_\_\_ Check being mailed \_\_\_\_\_ Charge the following card

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Credit Card Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

