



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 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: _____

