

AENC 30th Golf Outing ~ September 11, 2017, River Ridge, Raleigh, NC (page 1 of 2)

◆ Tournament ◆ Introduction to Golf Clinic ◆ 19th Hole Reception

Register for the Tournament, Introduction Golf Clinic and/or the Reception. The reception is included in the tournament and clinic registration. **Golf Tournament Registration closes on September 1st.** Golf Format: Captains Choice with 9:30 AM Shotgun Start. You are encouraged to put together your team of associates, clients, or friends, or you are welcome to register as a single and we'll put you on a team.

Questions: contact Jovita Mask, AENC, (919) 848-8255 or jovita@aencnet.org

PERSON COMPLETING THE FORM: (COMPLETE both pages if you are registering more than one person to play in the tournament). If you are registering just yourself, you only need to complete this page.

First Name _____ Last Name _____ Informal First Name _____

Email Address _____ Phone (_____) _____

Company _____ Address _____

City _____ ST _____ Zip _____

Handicap or last 5 scores _____ Food Allergy/Special Needs _____

GOLF TOURNAMENT PLAYER(S) REGISTRATION – Complete page 2 as well (9:30 AM SHOTGUN START)

If you are registering more than one person, list your information as Player #1 on page 2. If you are putting together a team, please confirm that the individual(s) listed know they are on your team before completing this form. Indicate on page 2 if you are paying for them or if they are paying for themselves.

Monday Golf Fee includes: green fee, cart, morning coffee, box lunch, 19th Hole Reception, 2 mulligans, prize entry.

	Before August 31 – 5 PM	After August 31	Amount Due
AENC Member	\$135	\$145	\$ _____
AENC Non Member	\$150	\$160	\$ _____

INTRODUCTION TO GOLF CLINIC REGISTRATION (2:00 PM – 3:00 PM)

If you wish to participate in the Golf Clinic and the 19th Hole Reception, complete the information above and pay the appropriate fee below. You do NOT have to complete page 2.

Fee includes Clinic and the 19th Hole Reception. Golf clubs and balls will be provided for the clinic.

AENC Member \$25 - Non-Member \$35 \$ _____

19TH HOLE RECEPTION ONLY (3:00 PM – 4:00 PM)

The reception is open to anyone who is [registered for the tournament](#) or [the golf clinic](#), is a [golf sponsor](#) or [who works for an association](#). If you qualify, there is no charge but you must register by checking this box and completing the information above.

PAYMENT MUST ACCOMPANY REGISTRATION: TOTAL AMOUNT \$ _____

Cancellation Policy: Cancellation must be in writing and received at the AENC office no later than 5 PM on **September 1** to receive a refund.

No-shows will not be refunded. You may substitute a player. Send pages 1 and 2 (if needed) to AENC

FAX: (919) 848-8255 **EMAIL:** jovita@aencnet.org **MAIL:** AENC, 434 Fayetteville St., Suite 1850, Raleigh, NC 27601

Check payable to AENC Master Card VISA American Express Discover

TOTAL AMOUNT \$ _____ (include totals from page 2)

Card Number _____ Expiration Date _____

Name on Card _____ Security Code _____

Billing Address for Card If Different from above _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Email credit card receipt to _____



GOLF TOURNAMENT PLAYER REGISTRATION

AENC Golf Outing, September 11, 2017 – River Ridge, Raleigh, NC

Name of person completing this form: _____

Fill this out for any and all players on your team. Please let us know if you are paying for them OR if they will be paying for themselves separately and should be invoiced. Put only the amounts that you are paying for on Page 1.

Player # 1 - If you are registering more than one person, list yourself as Player # 1

WHO IS PAYING? I am paying for them. They are paying. Member \$_____ Non-Member \$_____

First Name _____ Last Name _____ Informal First Name _____

Handicap or last 5 scores _____ Food Allergy/Special Needs _____

Email Address _____ Phone (_____) _____

Company _____ Address _____

City _____ ST _____ Zip _____

Player # 2

WHO IS PAYING? I am paying for them. They are paying. Member \$_____ Non-Member \$_____

First Name _____ Last Name _____ Informal First Name _____

Handicap or last 5 scores _____ Food Allergy/Special Needs _____

Email Address _____ Phone (_____) _____

Company _____ Address _____

City _____ ST _____ Zip _____

Player # 3

WHO IS PAYING? I am paying for them. They are paying. Member \$_____ Non-Member \$_____

First Name _____ Last Name _____ Informal First Name _____

Handicap or last 5 scores _____ Food Allergy/Special Needs _____

Email Address _____ Phone (_____) _____

Company _____ Address _____

City _____ ST _____ Zip _____

Player # 4

WHO IS PAYING? I am paying for them. They are paying. Member \$_____ Non-Member \$_____

First Name _____ Last Name _____ Informal First Name _____

Handicap or last 5 scores _____ Food Allergy/Special Needs _____

Email Address _____ Phone (_____) _____

Company _____ Address _____

City _____ ST _____ Zip _____