



TOURNAMENT REGISTRATION FORM

To Register *{Please type, print or attach business card.}* All information must be provided to complete the registration process.

Team Member A (Captain Position)

Name _____

Company/Organization _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ Email _____

Club Rental (if needed) Right _____ Left _____ Transportation to/from The Venetian Yes _____ No _____

Team Member B

Name _____

Company/Organization _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ Email _____

Club Rental (if needed) Right _____ Left _____ Transportation to/from The Venetian Yes _____ No _____

Team Member C

Name _____

Company/Organization _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ Email _____

Club Rental (if needed) Right _____ Left _____ Transportation to/from The Venetian Yes _____ No _____

Team Member D

Name _____

Company/Organization _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ Email _____

Club Rental (if needed) Right _____ Left _____ Transportation to/from The Venetian Yes _____ No _____

Name _____

Method of Payment

<input type="checkbox"/> Team Registration Fee	\$1,500	X	_____	= \$ _____
<input type="checkbox"/> Team Registration Fee (Individual)	\$ 375	X	_____	= \$ _____
<input type="checkbox"/> Individual Registration Fee	\$ 380	X	_____	= \$ _____
<input type="checkbox"/> Club Rental	\$ 65	X	_____	= \$ _____
<input type="checkbox"/> High Roller Package*	\$ 50	X	_____	= \$ _____
<input type="checkbox"/> Drive for a Ride**	\$ 50	X	_____	= \$ _____
TOTAL				= \$ _____

Registration fee includes greens fees, lunch, complimentary beverage cart food and drink, 1 raffle ticket and 1 awards reception ticket per player.

*High Roller Package includes team photo, 1 raffle ticket and 2 mulligans. (Limit 1 per player)

**Drive for a Ride tee shots are \$50 each. (Limit 4 per player)

Check enclosed for _____ (Submit funds in U.S. Dollars)

Charge my VISA MasterCard American Express Diners Club

Card Number _____

Name on Card _____ Exp. Date _____/_____/_____

Signature _____

Registration information must be received no later than February 5, 2010. Registrations will be accepted after February 5 on a space available basis.

Cancellations

Please submit player cancellations and substitutions in writing. A processing fee of \$100 may be charged for cancellations and substitutions received after February 5, 2010.

Privacy Disclaimer

Attendees authorize ARDA to use any photographs taken during the course of the RCI/AIF Open, which may include attendee, in association promotional materials.

Mail To ARDA International Foundation
RCI/AIF Open Golf Tournament Registration
1201 15th Street NW, Suite 400
Washington, DC 20005

Fax To 202-289-8544

Email To dzanini@arda.org

Questions should be directed to Darla Zanini at (202) 207-1078 or dzanini@arda.org.