

SMC SPRING 2010 GOLF CLASSIC --- REGISTRATION

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Golf Handicap: _____

Phone (W): _____ (H): _____ Mobile: _____

Fax: _____ Email: _____

My company is a MATCHING GIFT company: _____ Yes _____ No

My team members are listed as follows:

Name: _____ HCAP: _____

Name: _____ HCAP: _____

Name: _____ HCAP: _____

OR _____ Place me with a team

Payment Method: _____ Check enclosed (make check payable to Spartanburg Methodist College)

_____ Bill me

_____ Credit card : # _____ - _____ - _____ - _____

Expiration date: _____

_____ Visa _____ MasterCard _____ American Express

Name as it appears on card: _____

PLEASE RETURN REGISTRATION TO:

Don Tate, Director of Development
Spartanburg Methodist College, 1000 Powell Mill Road
Spartanburg, SC 29301

Tel : 864-587-4227

Email : tated@smcsc.edu

Fax: 864-587-4378