



# AUTO DEALERS GOLF CLASSIC®

A DCI GOLF TOURNAMENT

**Sponsored By:**

## Registration Form

Hawks Landing Golf Club - Friday, May 15, 2015  
Player Sign-in 7:30am - Shotgun Start 9:30am

Player Name: \_\_\_\_\_ Dealership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Payment Type: ☐ Check ☐ Cash ☐ MC ☐ Visa ☐ Discovery  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

Player Name: \_\_\_\_\_ Dealership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Payment Type: ☐ Check ☐ Cash ☐ MC ☐ Visa ☐ Discovery  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

Player Name: \_\_\_\_\_ Dealership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Payment Type: ☐ Check ☐ Cash ☐ MC ☐ Visa ☐ Discovery  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

Player Name: \_\_\_\_\_ Dealership: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Payment Type: ☐ Check ☐ Cash ☐ MC ☐ Visa ☐ Discovery  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth. Sig: \_\_\_\_\_

**Entry Fee:** \$1,000 per 4 player team **Entry Deadline:** May 1, 2015 **Lunch Guest:** \$40 per person

I agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health-related risks and do hereby release All Sponsors, the Host Golf Club, DCI Golf/DeSilva Communications, Inc. and its officers, directors, members of its staff and employees from any and all liability for any event or consequence whatsoever in any way arising out of relating to my entry or participation in the Auto Dealers Golf Classic.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Make Checks Payable to: **Desilva Communications Inc. Mail, Scan/E-mail or Fax Entry Form to:**

Desilva Communications P.O. Box 530096 DeBary FL 32753-0096 E-mail: paul@DCIGolf.com

Phone: (386) 878-4023 Fax: (386) 742-1938