*Name:*

*Address:*

*City: State: Zip:*

*Daytime Phone: Home Phone:*

*E-Mail Address:*

***AHEPA National Fall Golf Tournament – Orlando, FL (October 5-9)***

* **Payment is for (Please check which applies):**
* *Golf Fee $135 x 3 + Admin Fee $145.00 = $550.00*  ***⃝***
* *Golf Fee $135 x 4 + Admin Fee $145.00 = $685.00*  ***⃝***
* *Golf Fee $135 x + Admin Fee $145.00 = ⃝*
* *Sponsorship Level(s):*
* *Hole Sponsor $250.00*  ***⃝***
* **Total Amount Authorized: $**

**Method of Payment:  *⃝* Visa  *⃝* Mastercard  *⃝* Discover  *⃝* Amex**

**Card Number:**

**Expiration Date: /**

**CVV (Security) #:**

**Signature: Date:**

**Name that appears on card if other than yours:**

**Credit Card Billing address if other than address listed above:**