



74th FAPT Annual Golf Tournament Registration Form

Name: _____

Company or School District: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

Participants Name (s)	Handicap
Name:	
Name:	
Name:	
Name:	
Sponsorships or Donations	
I wish to sponsor ___ Hole(s) @ \$100.00 each:	\$
I wish to register ___ Person(s) @ \$65.00 each for a total of:	\$
Donation:	\$
Rental clubs: (L) or (R) @ \$80 (limited supply) Includes 6 golf balls and logo pouch	\$
<i>Total Payment Due:</i>	\$

Please email your registration form to execdir@faptflorida.org. To pay using a credit card, go to the link below, scroll to Golf Fees and then enter total.

[FAPT Golf Tournament Payment](#)

If using snail mail, mail your checks to FAPT PO Box 3238, Plant City, FL 33563.

Title Sponsors:

