



75th FAPT Annual Golf Tournament Registration Form

Date: Sunday, June 16, 2024

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) @ \$75.00 each for a total of:	\$
Donation:	\$
Rental clubs: (L) or (R) @ \$45 (limited supply)	\$
<i>Total Payment</i>	\$
<i>Due:</i>	

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

Copy url to your browser: <https://faptflorida.org/make-a-payment/>

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

Title Sponsors:

