



77th FAPT Annual Golf Tournament Registration Form

Rosen Shingle Creek Golf Links

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) @ \$70.00 (limited supply) Includes 2 sleeves of golf balls	\$
<i>Total Payment 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

[FAPT Payment](#)

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

Title Sponsors:

