

PLAYER REGISTRATION FORM

Player 1

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Home Cell Phone #: _____
 Law Enforcement: Yes No
 Department's Name: _____
 Golf Handicap: _____
 Credit Card Info: _____ / _____ / _____ / _____
 Exp. Date: _____ / _____ Security Code: _____
 Wind Shirt Size _____

Player 2

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Home Cell Phone #: _____
 Law Enforcement: Yes No
 Department's Name: _____
 Golf Handicap: _____
 Credit Card Info: _____ / _____ / _____ / _____
 Exp. Date: _____ / _____ Security Code: _____
 Wind Shirt Size _____

Player 3

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Home Cell Phone #: _____
 Law Enforcement: Yes No
 Department's Name: _____
 Golf Handicap: _____
 Credit Card Info: _____ / _____ / _____ / _____
 Exp. Date: _____ / _____ Security Code: _____
 Wind Shirt Size _____

Player 4

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Home Cell Phone #: _____
 Law Enforcement: Yes No
 Department's Name: _____
 Golf Handicap: _____
 Credit Card Info: _____ / _____ / _____ / _____
 Exp. Date: _____ / _____ Security Code: _____
 Wind Shirt Size _____

LODGING REQUEST

No lodging needed: Yes No
 Crown Reef Resort Yes No Single Double
 Registration fee: **\$ 529.** based on NO LODGING NEEDED
 Registration fee: **\$ 719.** based on DOUBLE occupancy
 Registration fee: **\$ 899.** based on SINGLE occupancy
 Registration fee: **\$ 1019.** based on GOLFER/NON GOLFER

Corporate Sponsorship

Platinum
 Gold
 Silver

ALL FIELDS MUST BE COMPLETED BEFORE SENDING IN APPLICATION. NO EXCEPTIONS

If you wish to pay by check please make your check payable to NLEOMGC and mail it to the address below. If you wish to fax in your application please fax it to the number below.

NLEOMGC
 115 Randolph Loop S
 Hertford, NC 27944

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