

14th Annual Mid Pines Hickory Open Championship

November 10-12, 2017

Tournament Entry Form

Please include your entry fee of \$300 per person with completed form.

| Name | | | | | |
|---|--|-------------------------|------------------------------------|----------------------------|--|
| Address Street | | City | State/Duo | 7:n/DC | |
| | | • | State/Pro | - | |
| Phone (home) | | Phone (c | ell) | | |
| Email | | | | | |
| Division: | O pen | Senior (over 60) Ladies | | | |
| SoHG Handicap Index <i>If using other index indicate</i> | below name of golf cl | Othe | er Index | nber for index conformatio | |
| The tournament handicap c adjustments to handicaps c handicap committee will be | luring the tourname | | | | |
| Saturday Night Trade S | Show Table Reserv | vation | 🛛 Yes 🛛 | No | |
| Frida | ay Foursome | es Event a | at Pine Nee | edles | |
| | Please include you | | | | |
| Name | Partner Name | | | | |
| | Room Rate: \$ | eservation | n Form er night* (Mid Pi | nes) | |
| Name | Room Rate: \$119 per room per night* (Pine Needles) Partner Name | | | | |
| Email for Confirmation | i to | | | | |
| Arrival Date: | | | | | |
| | tandard or deluxe ro | - | | litional | |
| confirm your Mid Pines re | | | | | |
| I Wish To Pay By: | CHECK in | the amount o | f \$ | | |
| v v | 🛛 Visa 🗖 N | | | Discover | |
| Credit Card # | | | | :/ | |
| Name on Card | | Signature | | | |

Please fax completed form to 910-692-5349 or mail to 1005 Midland Rd. Southern Pines, NC 28387