



20th Annual FPD Golf Tournament Registration

Registration

Preferred Flight: Morning - 8:30 a.m. shotgun start Afternoon - 1:30 p.m. shotgun start
Flights are based on availability. You will be contacted if your preferred flight is not available.

Team/Company Name (if applicable): _____

Participant 1

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Handicap: _____ Shirt Size: _____

Participant 2 (if applicable)

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Handicap: _____ Shirt Size: _____

Participant 3 (if applicable)

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Handicap: _____ Shirt Size: _____

Participant 4 (if applicable)

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Handicap: _____ Shirt Size: _____

Sponsorships & Tee Signs

Would you like to add a tee sign for \$200? yes no

If yes, what would you like it to say? _____

Would you like to be a sponsor? yes no already a sponsor

Total: _____ **Number of players @ \$150 each = \$** _____

Additional tee sign if requested @ \$200 each = \$ _____

Total: \$

Please make check payable to First Presbyterian Day School.
Mail to FPD Golf Tournament, 5671 Calvin Drive, Macon, GA 31210.

For registration questions:
Contact Lauren Wrabel at 478.477.6505, ext. 179
or lauren.wrabel@fpdmacon.org