



3rd Annual Pros 4 Care Golf Event
Supporting Prostate Cancer Awareness and Research
BALCONES COUNTRY CLUB, AUSTIN, TX
Monday October 11, 2010 1PM SHOTGUN

REGISTRATION FORM

Complete this form and mail to **TPGA • 8408 North IH 35 • Austin, TX 78753** or fax to **512-834-0758**.
To register by phone, please call **(800) 325-7427**. Registration Deadline Is **October 1, 2010**.

REGISTRATION

Full Registration \$150
(Includes Monday golf & lunch)

Handicap: ___ or Avg Golf Score ___

Team Registration \$600
(Includes 4 registrants for Monday golf & lunch)

For team registrants and for single golfers, please indicate one to three preferred team members.

Name Handicap of Avg Golf Score

Name Handicap of Avg Golf Score

Name Handicap of Avg Golf Score

SPECIAL EVENTS

Monday Evening Reception \$50
& Dinner (not included additional cost)

PAYMENT INFORMATION

Check enclosed in the amount of \$ _____
Payable to the Texas Propane Gas Association.

Charge \$ _____ to my ___MC ___VISA ___AMEX

TOTAL DUE \$ _____

Card Number

INDICATE THE EVENTS YOU WILL ATTEND:

___ Reception/Dinner ___ Golf Tournament

Exp. Date CSV# Billing Zip

Signature

REGISTRANT INFORMATION

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ FAX _____ Email _____

Spouse/Significant Other _____