

## 2007 World Amateur Handicap Championship Referral Form

Please fill out the form below and we will forward a brochure and entry form to them.

Name:	Name:
Address:	Address:
City, ST:	City, ST:
Zip/Postal:                      Phone:	Zip/Postal:                      Phone:
Region:                      Country:	Region:                      Country:
E-Mail Address:	E-Mail Address:

Name:	Name:
Address:	Address:
City, ST:	City, ST:
Zip/Postal:                      Phone:	Zip/Postal:                      Phone:
Region:                      Country:	Region:                      Country:
E-Mail Address:	E-Mail Address:

Name:	Name:
Address:	Address:
City, ST:	City, ST:
Zip/Postal:                      Phone:	Zip/Postal:                      Phone:
Region:                      Country:	Region:                      Country:
E-Mail Address:	E-Mail Address:

Please return the form via fax to 1-843-477-0501 or return with your entry form and fee to the tournament office. Thank you for your support!

**REFERRAL:**

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**PLAYER ID #:** \_\_\_\_\_