

Vista International Pink Ribbon Classic Player Registration Form

Team Registration: Using one form, please provide all registration information for all four team members and include payment of \$340 (\$85 per person). This will ensure you are eligible to be registered as a team. Team members who register and pay individually will not be guaranteed to be registered with their team.

Individual Registration: Complete your individual registration and include payment of \$85. We will do our best to place you in a foursome. If that is not possible, your money will be refunded.

Make check(s) payable to: **“Pink Ribbon Classic”**

Refund Policy: Registration fees will be refunded only if request for cancellation is received by June 1st.

There will be 124 players (31 teams) in the AM shotgun. Tee off at 8:00 AM. Report to the course at 7:00 AM

There will be 144 players (36 teams) in the PM shotgun. Tee off at 2:00 PM. Report to the course at 12:00 NOON

Print this form, complete all information by hand, and bring to the Wine Tasting and Silent Auction April 23rd.

Participants in the Wine Tasting & Silent Auction receive priority placement in the tournament. Registrations received by mail will be placed on the tournament roster immediately following the Wine Tasting for whatever spaces are available. Mail to: Pink Ribbon Classic, 1 Aspen Drive, Blue Grass, Iowa 52726. No registrations will be accepted without payment.

START HERE → **OUR TEAM WISHES TO PLAY IN THE** **AM** **PM** (check one)

Player 1 is designated as the Team Captain and ALL requested information is required. If any player does not have an email address, it is the Team Captain's responsibility to ensure that person receives instructions and guidance pertaining to Tournament Day that will be emailed to all participants.

First Name (Team Captain)	Last Name	Luncheon Choice		EWGA Member?	Breast Cancer Survivor?
		<input type="checkbox"/> Grilled Steak <input type="checkbox"/> Hot Buffet		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip	Phone
Email Address			Request email addresses for all team members who have one. Player information and instructions will be emailed to all team members.		

First Name (Player 2)	Last Name	Luncheon Choice		EWGA Member?	Breast Cancer Survivor?
		<input type="checkbox"/> Grilled Steak <input type="checkbox"/> Hot Buffet		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip	Phone
Email Address			Request email addresses for all team members who have one. Player information and instructions will be emailed to all team members.		

First Name (Player 3)	Last Name	Luncheon Choice		EWGA Member?	Breast Cancer Survivor?
		<input type="checkbox"/> Grilled Steak <input type="checkbox"/> Hot Buffet		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip	Phone
Email Address			Request email addresses for all team members who have one. Player information and instructions will be emailed to all team members.		

First Name (Player 4)	Last Name	Luncheon Choice		EWGA Member?	Breast Cancer Survivor?
		<input type="checkbox"/> Grilled Steak <input type="checkbox"/> Hot Buffet		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip	Phone
Email Address			Request email addresses for all team members who have one. Player information and instructions will be emailed to all team members.		