



# GOLF TOURNAMENT REGISTRATION

**Team Registration (Foursome): \$500**

**Individual Registration: \$125**

**Includes entry, breakfast and lunch, beverage tickets, and swag**

Name

Billing address

City

State

Zip Code

Email

Phone number

## OTHER MEMBERS OF YOUR TEAM

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*If you do not have a full team, you will be added to a team as space becomes available.

## METHOD OF PAYMENT

Credit Card

AMEX VISA MC DISC.

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Check (Please make check payable to "Rising Hope UMC")

Please have someone call me for payment information.

REGISTER ONLINE:  
[risinghopeumc.org/golf](http://risinghopeumc.org/golf)

EMAIL FORM TO:  
[events@risinghopeumc.org](mailto:events@risinghopeumc.org)

MAIL FORM TO:  
Rising Hope Golf Tournament  
3444 Fairfax Drive, #537  
Arlington, VA 22201