3rd Annual APTS Golf Classic
Friday, October 23rd, 2009
Registration and Lunch: 11:30 am
Shotgun Start: 1:00 pm

Pebble Creek Golf Club
10550 Regents Park Drive
Tampa, FL 33647
www.pebblecreekclub.com

Register Online at:
www.cme.hsc.usf.edu/golfclassic
Register by fax: 813-974-3217
Mail: Return registration form and payment to:
University of South Florida
Health Professions Conferencing Corporation (HPCC)
PO Box 864240
Orlando, FL 32886-4240

PN2010598/1170

Questions:
Questions about registration should be directed to 813-974-4296 or 800-852-5362
For additional information on the Golf Classic visit the website at
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Individual Golf Registration

Name: ______________________________________ Handicap: __________________________
Company Name: ________________________________________________________________
Address: ____________________________________________________________
City: __________________ State: ______________ Zip: __________ County: ______________
Daytime Phone: __________________ Fax Number: __________________
E-Mail Address: ________________________________________________________________

_____ Individual Golfer - $75 (includes 18 holes of golf, goody bag, lunch, door prizes, reception)

Please list Other Player’s Information if you already have a twosome or foursome otherwise we will match you with a team:

Player 2 __________________________________________ Player 3 __________________________________________
Email ________________________________ Email ________________________________
Handicap ___________________________ Handicap ___________________________

Player 4 __________________________________________
Email ________________________________
Handicap ___________________________

ALL GOLFERS MUST REGISTER

PAYMENT METHODS

Credit Card: □ Visa □ Master Card □ AMEX
In the Amount of $ __________________________
Card Number: ________________________________
Exp. Date: __________ CCV Code: __________
Name on Card: ____________________ (PRINT)
Signature: ________________________________

Enclosed is my check made payable to:
USF Health Professions Conferencing Corporation (HPCC) in the amount of $ ______________

Proceeds Benefit THE BRIDGE Healthcare Clinic
Serving the University Area Community
www.bridgehealthcareclinic.org