

Four Person Team: \$2,000 Individual Player: \$500

Signature:	CVC code:
Card #:	Exp. Date:
Payment Method:  Check payable to Sumi Credit Card	mit Foundation
Amount\$	
Phone:	
City/State/Zip:	
Mailing Address:	
Email:	
Business Name:	
Team Organizer/Contact:	

\*Estimated # of players and guests attending the Calcutta Dinner on June 7<sup>th</sup>

Please email us with any changes to your attendee number.



Team Name:

Secure Online Payment Hosted by:





## **TEAM REGISTRATION**

Scan & email: Ashley@SummitFoundation.org
Registration due by May 17th

TEAM CAPTAIN NAME:
Golf Handicap:
GHIN# (if available):
Shirt Size:S M L XL XL
Email:
PLAYER 2 NAME:
Golf Handicap:
GHIN# (if available):
Shirt Size:S M L XL XXL
Email:
PLAYER 3 NAME:
Golf Handicap:
GHIN# (if available):
Shirt Size:S M L XL XXL
Email:
PLAYER 4 NAME:
Golf Handicap:
GHIN# (if available):
Shirt Size:S M L XL XXL



Email:

Summit Foundation PO Box 4000 | Breckenridge, CO. 80424 970.453.5970 www.summitfoundation.org

**REMINDER:** No minimum handicap requirement! Teams will be flighted by like handicaps.

**PLAYER SUBSTITUTION DEADLINE:** The final deadline for team players is June 4th! Any substitution made after June 4th, due to extenuating circumstances, must have a handicap equal to or higher than the player they are replacing.