



Carolinas Food Industry Council Convention Golf Outing Registration

The Legends Golf Course

Date: **Friday, July 23, 2010**
Time: **Noon Shotgun Start**
Format: **Captain's Choice, Limited to 28 Foursomes**
Fee: **\$135** (includes green & cart fee, lunch, & beverage cart)

NOTE: Cancellation notice received by CFIC staff **prior** to July 13 results in **full refund**.
Cancellation received **after** July 13 will include a **\$75 penalty**.

You may register to participate as a **single** player (foursome recommendations will be honored if possible). Please **confirm** that **golfers** listed below are **attending our convention** and have **committed to playing in your foursome**.

- The following players wish to form a foursome.
- Player names submitted are open to any foursome placement.



PLAYER # 1
Name: _____
Company: _____
Email: _____

PLAYER # 2
Name: _____
Company: _____
Email: _____

PLAYER # 3
Name: _____
Company: _____
Email: _____

PLAYER # 4
Name: _____
Company: _____
Email: _____

- Check enclosed in the amount of \$_____ I wish to be invoiced
- Credit charge of \$_____ on: Visa Amex MasterCard Discover

Credit Card Number: _____ Expiration Date: _____ Signature: _____

Return form along with convention registration form to:
CFIC, PO Box 176001, Raleigh, NC 27619 ♦ FAX: (919) 832-0812
Submit your registration online at: www.cficweb.org