



*“The Art of the Scramble” – 2019 Golf Clinic*

**GOLF CLINIC REGISTRATION FORM**

Please register by Friday, May 17, 2019

REGISTRATION FEE (*Per Person*): **\$250.00** (*includes continental breakfast, workshop, hands-on clinic, customized handbook, lunch and certificate of participation*)

**\*Note: This is a walking course. No golf carts are available.**

NUMBER OF REGISTRANTS: \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_  CHECK (*Payable to: “African American Chamber of Commerce”*) CREDIT CARD  AMEX  MASTERCARD  VISA

CARDHOLDER NAME: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CSC or CVV: \_\_\_\_\_

ATTENDEE NAMES – PLEASE NOTE ANY DIETARY RESTRICTIONS (*IN PARENTHESIS*):

Will you bring your own clubs?

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

YES

NO

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

YES

NO

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

YES

NO

4. \_\_\_\_\_

YES

NO

*Copy and use additional sheets if necessary to register.*

PLEASE MAIL, EMAIL OR FAX COMPLETED FORMS TO:

AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTERN PENNSYLVANIA, 436 SEVENTH AVENUE, SUITE 2220, PITTSBURGH, PA 15219

EMAIL: [INFORMATION@AACCCWP.COM](mailto:INFORMATION@AACCCWP.COM) | FAX TO: 412-392-0612 | QUESTIONS? CALL: 412-392-0610

THANK YOU FOR YOUR SUPPORT

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**Sponsorship Opportunities**

**HOLE - \$350**

- “Tee signage’ on select hole during 3-hole scramble
- Name and/or company listed in Program Book
- Recognized in Chamber Newsletter for June

**PAR - \$250**

- Name and/or company listed in Program Book
- Recognized in Chamber Newsletter for June

**PATRON - \$100**

- Name and/or Company listed in Program Book

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PAYMENT AMOUNT: \$ \_\_\_\_\_  CHECK (*Payable to: “African American Chamber of Commerce”*)  CREDIT CARD  AMEX  MASTERCARD  VISA

CARDHOLDER NAME: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CSC or CVV: \_\_\_\_\_

***PLEASE EMAIL LOGO AND/OR COMPANY NAME AS YOU WOULD LIKE IT TO APPEAR ON SIGNAGE OR IN PROGRAM BOOK  
TO [INFORMATION@AACWP.COM](mailto:INFORMATION@AACWP.COM)***