



GOLF REGISTRATION
IFMA SEATTLE GOLF OUTING, SEPTEMBER 16th, 2009
REDMOND RIDGE GOLF COURSE (TRILOGY)

Contact name: _____ Phone: _____
 Organization: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact E-mail address: _____

Players _____ \$150 each \$ _____
TOTAL DUE: \$ _____

<u>Player</u>	<u>Phone</u>	<u>Golf Shirt Size</u>	<u>E-mail Address</u>
1. _____			
2. _____			
3. _____			
4. _____			

Payment Options:

___ Check enclosed for payment in full payable to: "IFMA Seattle 2009 Golf Outing"
 ___ Send invoice to above name and address.
 ___ Bill my Visa/MasterCard # _____ Expiration: _____
 Name as it appears on card _____ CV2 #: _____
 Signature(s): _____ Date: _____

Mail, Fax or E-mail to: IFMA Seattle 2009 Golf Outing
 P.O. Box 6906, Tacoma, WA 98417
 1-877-460-5880 1-253-265-3043 fax
 E-mail: aminc2@comcast.net