

GOLF TOURNAMENT

Wednesday, August 12 - Ocean City Golf Club

11401 Country Club Drive, Berlin, MD 21811 410.641.1779

Check In 7:30 am - Shotgun Start 9:00 am - SCRAMBLE

\$75 - MACo Member (Conference Registrants & Exhibitors Only) - County government and Corporate Partners

\$90 - Non-Member (Conference Registrants, Exhibitors, & Sponsors Only) - All other government & commercial

Choose your own foursome or we can do it for you! You are responsible for finding your own replacement if you cancel after registration. *Directions and teams will be emailed to you a week prior to the Golf Tournament. Be sure to include your email below.*

Completely fill out information for EACH golfer below.

Send Form and Payment to:

MACo
169 Conduit Street
Annapolis, MD
21401

Fax Number:
410.268.1775

Questions?

KALEY SCHULTZE
410.269.0043

[kschultze@
mdcounties.org](mailto:kschultze@mdcounties.org)

Your Name: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

email: _____

Player 2: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

email: _____

Player 3: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

email: _____

Player 4: _____ **Title:** _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

email: _____

PAYMENT: No refunds. Your registration will NOT be processed without a COMPLETED FORM & PAYMENT.

Sorry, we do not take AMEX .

CARD#: _____ **EXPIRATION DATE:** _____

SECURITY CODE #: _____ **BILLING ADDRESS:** _____

CARDHOLDER NAME: _____

SIGNATURE: (Required) _____

MACo USE ONLY:

DATE PAID: _____ **CHECK NUMBER** _____ **AMOUNT PAID:** _____