



# REGISTRATION FORM

AUGUST 24-26, 2017 • CRYSTAL MOUNTAIN

Please fax or email completed form to Greg Babinec (See contact info at bottom)

**Player** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Business Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_  
**SHIRT SIZE (Circle One):**    S    M    L    XL    XXL    XXXL

**GAM/USGA Index (Required)** \_\_\_\_\_ **Home Course:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Course Phone #:** \_\_\_\_\_  
**Course Address:** \_\_\_\_\_

**Player package** – Includes two days of golf, prizes, Friday dinner & Saturday reception

**Four Seasons Club Member** \_\_\_\_\_ **Cost: \$379**  
**Participant** \_\_\_\_\_ **Cost: \$429**

**Will your spouse or a guest be joining you this weekend?\*** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
**Spouse/Guest Name:** \_\_\_\_\_  
**Spouse/Guest Email:** \_\_\_\_\_  
**Will guest attend Friday dinner?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **Cost: \$50**  
**Will Guest attend Saturday Awards Reception?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **Cost: \$30**  
*\*No refunds will be given if spouse/guest is unable to attend.*

Please list your playing partner and if applicable, your foursome members. Individual players are encouraged to participate and will be paired with other golfers.

**Playing Partner:** \_\_\_\_\_  
**Foursome Members:** \_\_\_\_\_

Make checks payable to Crystal Mountain or provide requested credit card info:

**Name:** \_\_\_\_\_  
**Credit Card or Membership No.:** \_\_\_\_\_  
**Expiration date:** \_\_\_\_\_

For more information on registration, contact Greg Babinec  
231.378.2047 | [GregBabinec@crystalmountain.com](mailto:GregBabinec@crystalmountain.com) | Fax: 231.378.4757  
12500 Crystal Mountain Drive, Thompsonville, MI 49683 | [crystalmountain.com](http://crystalmountain.com)