EMS REGION III CONFERENCE TIM FLEMING MEMORIAL GOLF TOURNAMENT

2008 GOLF REGISTRATION FORM

Each team** must complete a registration form **and** submit appropriate fees **at least 10 days prior to the golf tournament. Early registration is strongly advised. Registrants will receive a confirmation letter.

Date of Tournament..... Thursday, April 24, 2008
Registration Opens.....8:00AM
Tee-Off 10:00AM
Location.....The Links at Sierra Blanca, Ruidoso, NM
Cost.....$100.00 per team

FIRST TEAM MEMBER (FIRST AND LAST NAME)

HOME ADDRESS

CITY **STATE** **ZIP CODE**

DAYTIME PHONE NUMBER **EMAIL ADDRESS**

SECOND TEAM MEMBER (FIRST AND LAST NAME)

HOME ADDRESS

CITY **STATE** **ZIP CODE**

DAYTIME PHONE NUMBER **EMAIL ADDRESS**

METHOD OF PAYMENT: Please check appropriate box	
❑ **Money Order - #**	**Charge to:** ❑ **Visa** ❑ **Mastercard**
❑ **Purchase Order – Original PO must be attached**	**Account Number:**
❑ **Check - #**	**Expiration Date:**
❑ **Cash**	**Card Holder Name:**

Return registration form with appropriate payment to:

EMS REGION III, GOLF TOURNAMENT, PO BOX 1895, CLOVIS, NM 88102-1895

* * DIRECT ALL QUESTIONS TO EMS REGION III AT (575) 769-2639 * *

*** * * FOR EMS REGION III USE ONLY * * ***

Date Registration Received **Date Registrant Confirmation Mailed**

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Total Registration Fee **Type of Payment (PO, check, cash, credit card, money order)**