Thank you for your interest in participating in RAP-WI’s golf outing. Please note to participate you must be at least 18 years of age. If you are not present at the time of the start of the event, you forfeit the event and the registration fee. Please attach payment to this registration form. If you prefer not to send your payment, please indicate that we should call you for payment. If you are registering as a team each participant must complete their own individual registration form. Please scan and email your registration forms to rapwisconsin@gmail.com. This will hold your position but must be followed by payment. Registration for each participant is $70.00 or $250.00 per foursome. Lunch is provided with registration.

First Name: Last Name:

Address: City: State: Zip:

E-mail: Phone

Emergency Contact: Phone:

Team Name*:*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge that I am at least 18 years of age. I agree that I will not hold WAADAC DBA: Recovery & Addiction Professionals of Wisconsin, RAP-WI, liable for any injuries that occur during this event. I understand that I must conduct appropriate and sportsmen like conduct at all times. If I display inappropriate behavior, I may be asked to leave the event without reimbursement.

Printed Name

Signature

Date

**PAYMENT:**  [ ] Cash [ ] Check [ ] Credit Card (complete below section)

Cardholder Name (as it appears on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: (MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV Security Code: \_\_\_\_\_\_\_\_\_\_\_\_

**I, the undersigned agree to all conditions set forth in this credit card authorization**

Signature of Cardholder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**For Event Staff Use:** Date Received: By:

Thank you for your participation