BOLLINGER OPEN REGISTRATION FORM

Participant entry fees are a minimum donation of $160.00 per player ($135 for retired persons, military & federal employees). This includes green fees, a cart, dinner and prizes.

Name: ___________________________ Handicap or Avg. Score: _______________________

Organization: ___________________________ Title: ___________________________

Address: ___________________________________________________

City: ___________________________ State: _______________ Zip: ________

Phone: ___________________________ Fax: ___________________________

Email: ___________________________

Driver's license #: ___________________________ State Issued in: _______________ DOB: ________

Please check one:

Regular ($160)  Federal Employee ($135)  Retired ($135)  Military ($135)

Additional Players

If you represent an organization that will have more than one player entered in the tournament, please provide information for each player below.

<table>
<thead>
<tr>
<th>Player 2</th>
<th>Player 3</th>
<th>Player 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
<td>Name: ___________________________</td>
</tr>
<tr>
<td>Email: ___________________________</td>
<td>Email: ___________________________</td>
<td>Email: ___________________________</td>
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<tr>
<td>Driver's license# &amp; state issued in: ___________________________</td>
<td>Driver's license# &amp; state issued in: ___________________________</td>
<td>Driver's license# &amp; state issued in: ___________________________</td>
</tr>
<tr>
<td>DOB: _______________</td>
<td>DOB: _______________</td>
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</tr>
<tr>
<td>Handicap or Avg. Score: _______________</td>
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<td>Handicap or Avg. Score: _______________</td>
</tr>
</tbody>
</table>

Total Entry Fee/Donation: $ __________

PAYMENT INFORMATION

Please select one:

Check# (Copy Attached/Faxed): _______________ Valid PO# (Copy Attached/Faxed)

Please make check/PO payable to The Bollinger Foundation

Credit Card Payment: VISA MasterCard American Express

CC#: ___________________________ Exp: _______________

Card Holder's Name: ___________________________