

# 2017 PORTO CIMA 4 BALL



PO Box 104164  
Jefferson City, MO  
65110  
Phone: 573-636-8994  
Fax: 573-636-4225  
mogolf@mogolf.org

Player 1 Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Day Phone \_\_\_\_\_

GHIN Number \_\_\_\_\_

email \_\_\_\_\_

Player 2 Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Day Phone \_\_\_\_\_

GHIN Number \_\_\_\_\_

email \_\_\_\_\_

**Make Checks Payable to Missouri Golf Association**

**Credit Card: Discover, Visa, MasterCard**

Card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder: \_\_\_\_\_

Total to be charged: \$ \_\_\_\_\_

**Your CC receipt will be mailed to your email address**

\$450 per team      Porto Cima 4 Ball

April 21-23, 2017

**Flight: Circle One      CHAMPIONSHIP      SENIOR**

*\*Both players must have reached their 50th birthday by the first day of the championship to compete in the Senior Flight.*

**REFUNDS** - Cancellations before the close of entries will be refunded less a \$30 fee. There are no refunds after the deadline date.