



# National Law Enforcement Officer's Memorial Golf Classic

MYRTLE BEACH, SOUTH CAROLINA

NOVEMBER 8-13, 2009

REGISTRATION DEADLINE: **August 15, 2009** (payment received after the event is full will be refunded)



PLAYER 1		PLAYER 2	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, State:	_____	City, State:	_____
Zip Code:	_____	Zip Code:	_____
Email Address:	_____	Email Address:	_____
Home Phone:	_____-_____-_____	Home Phone:	_____-_____-_____
Law Enforcement?	Yes _____ No _____	Law Enforcement?	Yes _____ No _____
Dept. Name:	_____	Dept. Name:	_____
Golf Shoe Size:	_____	Golf Shoe Size:	_____
Golf Handicap:	_____	Golf Handicap:	_____
PLAYER 3		PLAYER 4	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, State:	_____	City, State:	_____
Zip Code:	_____	Zip Code:	_____
Email Address:	_____	Email Address:	_____
Home Phone:	_____-_____-_____	Home Phone:	_____-_____-_____
Law Enforcement?	Yes _____ No _____	Law Enforcement?	Yes _____ No _____
Dept. Name:	_____	Dept. Name:	_____
Golf Shoe Size:	_____	Golf Shoe Size:	_____
Golf Handicap:	_____	Golf Handicap:	_____

**Lodging Request (please check one box below):**

- No lodging needed
- Myrtlewood Resort Villas (If checked, please indicate room preference: single \_\_\_\_\_ double \_\_\_\_\_ quad \_\_\_\_\_)
- Dunes Village Resort (If checked, please indicate room preference: single \_\_\_\_\_ double \_\_\_\_\_ quad \_\_\_\_\_)

**Registration Fees (please check one box below):**

- \$459.00 per person, based on NO LODGING NEEDED
  - \$639.00 per person, based on DOUBLE/QUAD occupancy
  - \$799.00 per person, based on SINGLE occupancy
  - \$929.00 per person, based on GOLFER/NON-GOLFER
- CORPORATE SPONSORS ONLY:**  Platinum  Gold  Silver  Bronze

**Payment (Registration may be made with credit card or check):**

*Please complete ALL fields!*

- Check # \_\_\_\_\_
- Visa \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ V-code: \_\_\_\_\_
- Mastercard \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ V-code: \_\_\_\_\_



Name as it appears on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please print this fully completed form and fax it to NLEOMGC at **843.249.2817** or mail it to the tournament office to guarantee your entry into this year's event. Send the completed form and checks to:  
**NLEOMGC ❖ 2704 Ship Wheel Drive ❖ N. Myrtle Beach, SC 29582**