



# Golf and Networking Weekend REGISTRATION FORM

## Personal Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Do you have any medical conditions that we should be aware of? \_\_\_\_\_

## Additional Information

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

What days would you like to play golf? \_\_\_\_\_ Roommate Preferences \_\_\_\_\_

Polo Shirt Size: \_\_\_\_\_ Are you interested in carpooling? \_\_\_\_\_

Can you receive text messages? (y/n) \_\_\_\_\_ What is your average golf score? \_\_\_\_\_

Areas of Interest: \_\_\_\_\_ Area of Work: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_