Join us for

GOLFTOBERFEST!





Persimmon Ridge Golf Club – Louisville, Kentucky

	<u> </u>	tion Form		
Contact Information (Req	nuired):			
Company:				
Contact:		Title:	Title:	
Address:				
Phone:	Fax:	E	mail:	
I am registering a fee \$600.00*	team for the Golftoberfest To	ournament. My tea	m members are listed below. Team	
I am registering m Individual fee \$1		ournament and need	d to be placed with a team for play.	
Players' Names				
	ers Greens Fees, Car Mulligans \$5 ea m. Registration & Lu	ach, 2 per pers	son.	
Total Amount \$	Check e	nclosed or charge	my credit card:	
Please circle one: Vi	sa MasterCard	Discover	American Express	
Name on Card:				
Card Number:		Exp:	CVV Code:	
Authorized Signature:			Date:	

Send Form & Payment to: Kentucky Restaurant Association

133 Evergreen Road, Suite 201 Louisville, KY 40243 502/400-3736 Fax 502/896-0465

