Bastrop Pregnancy Resource Center
512-629-8780 512-629-8781
bastrop.prc@hotmail.com
www.bastroppregnancyresourcecenter.org

ColoVista Golf Course
www.colovistagolf.com
100 Country Club Drive
Bastrop, TX 78602

Battle for Life Golf Tournament

Registration Form

Team Name _____

Individual/Partial Team will be combined into team(s).

Names of Players

1. Name (Captain) _____ Handicap/Av._____
2. Name _____ Handicap/Av._____
3. Name _____ Handicap/Av._____
4. Name _____ Handicap/Av._____

Team/Individual contact Information

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Please provide email for each player:

1. _____
2. _____
3. _____
4. _____

Please return this completed form
with your payment to
Bastrop Pregnancy Resource Center
494 Hwy 71 W, Ste. 140-153
Bastrop, TX 78602-3731

Registration fee = $100/golfer

Registration Fee ____ X $100 . . = $_____
Donation . . . . . = $_____
Total . . . . . = **$**_____
Tournament Registration will not be processed without payment.

Cancellation Policy

If you must cancel your registration,
your request must be received in writing
no later than March 22, 2017.
All fees paid will be refunded,
minus a $50 processing fee.

Please make checks payable to Bastrop Pregnancy Resource Center or BPRC. Payment must be in US dollars from a US Bank. Please check with your bank prior to sending payment. Each registrant is responsible for any and all bank charges. A $50 fee will be charged for any check returned unpaid.

I wish to pay by credit card. I understand this charge will appear on my statement.

Amex 15 digits MasterCard 16 digits Visa 16 digits Discover 16 digits

| | | | | | | | | | | | | | | | |

Expiration Date: _____/_____ Security Code: _____

Print Name on Card: _____ Total Amount Authorized: _____

Authorized Signature:_____