

PLAYER REGISTRATION



Please complete this Player Registration form to enter the Tournament. If you are registering a four-player team please provide the names of each player below. If you are registering as an individual please list your name in the space for "Player 1" and the Tournament Staff will pair you with three additional golfers.

Please email your completed Player Registration to steve.sellery@iconicse.com. After receiving your registration our Tournament Staff will contact you to answer and questions and confirm your registration. All Player Registration fees will be made to the Epilepsy Foundation and receipts will be provided to all Players upon payment.

TOURNAMENT ENTRY FEES:

FOUR PERSON TEAM: \$7500.00 INDIVIDUAL PLAYER: \$1950.00

Your Name: _____

Email: _____ Telephone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Registration Type (Four Person Team or Individual): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

TEAM NAME (Optional): _____

Player 1: _____ Shirt Size: _____

Player 2: _____ Shirt Size: _____

Player 3: _____ Shirt Size: _____

Player 4: _____ Shirt Size: _____

IF YOU HAVE ANY QUESTIONS OR NEED HELP REGISTERING PLEASE CALL STEVE SELLERY AT 864-678-0308

**THE LEAP CELEBRITY GOLF INVITATIONAL HOSTED BY JOHN O'HURLEY
LAS VEGAS, NEVADA • OCTOBER 25—26, 2019**