



The 2024 Leap Celebrity Golf Invitational Team/Player Registration Form

Welcome to the 2024 Leap Celebrity Golf Invitational!

Thank you for generously supporting our efforts to help End Epilepsy. Please list all players for your team on this form. If you cannot confirm each player, please mark "TBD" and provide all player names no later than October 4, 2024. If you are registering as an Individual Player list your name as "Player 1" and leave the other spaces blank.

Please send your Player Registration to steve.sellery@iconicse.com. All Player Registration fees should be made payable to The Leap Celebrity Golf Invitational.

TOURNAMENT TEAM ENTRY FEES: \$7500.00 INDIVIDUAL PLAYER: \$1900.00

Your Name: _____

Email: _____ Telephone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Registration Type (Four Person Team or Individual): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

WOULD YOU LIKE TO MAKE AN ADDITIONAL DONATION? IF SO, IN WHAT AMOUNT: _____

Player 1: _____ Dietary Restrictions: _____ HDCP _____

Player 2: _____ Dietary Restrictions: _____ HDCP _____

Player 3: _____ Dietary Restrictions: _____ HDCP _____

Player 4: _____ Dietary Restrictions: _____ HDCP _____

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

