



## 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](mailto:steve.sellery@iconicse.com). All Player Registration fees should be made payable to The Leap Celebrity Golf Invitational.**

**TOURNAMENT TEAM ENTRY FEES: \$8500.00 INDIVIDUAL PLAYER: \$2300.00**

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**

