



Be Included in the Conversation...Play Golf

GOLF CLINIC REGISTRATION FORM

Please register by Friday, July 29, 2022

REGISTRATION FEE (Per Person): \$175.00 (includes registration bag, continental breakfast, workshop, interactive clinic, customized handbook, certificate of participation and lunch)

NUMBER OF REGISTRANTS: _____

TOTAL AMOUNT DUE: \$ _____

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT AMOUNT: \$ _____ CHECK (Payable to: "African American Chamber of Commerce") CREDIT CARD AMEX MASTERCARD VISA

CARDHOLDER NAME: _____ CARD NUMBER: _____

EXPIRATION DATE: _____ CSC or CVV: _____

ATTENDEE NAMES – PLEASE NOTE ANY DIETARY RESTRICTIONS (IN PARENTHESIS):

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

PLEASE SEND COMPLETED FORMS TO:

AFRICAN AMERICAN CHAMBER OF COMMERCE OF WESTERN PENNSYLVANIA, 436 SEVENTH AVENUE, SUITE 2220, PITTSBURGH, PA 15219 OR FAX TO: 412-392-0612

QUESTIONS? CALL: 412-392-0610

THANK YOU FOR YOUR SUPPORT