

Register Now for the Vince Carter Charity Golf Classic

November 17, 2013, LPGA International

Please mail or fax this completed registration form with your fee to:

Embassy of Hope Foundation P.O. Box 9596 Daytona Beach, FL 32120 (386) 254-1718 - FAX

		Registratio	on Form (please p	rint):		
	Name:					
	Company:					
	Address:					
	City:		State:	Zip Code:		
	Work/Cell Phone	:	Fax	:		
	E-Mail:					
	Vince Carter C	harity Golf Cla	assic, <i>November 17</i> , 20	013, LPGA Interna	tional:	
	Players:	x \$150 per player = \$(Tot			1)	
					Shirt Size	
					Siiiit Size	
Method of Payment:						
Go to www.vincecart	er15.com to use F	PayPal, forward	d a check payable to E	mbassy of Hope Fou	andation to the above addi	ress, or
Credit Card: Circle One	e		Card Nun	nber:		_
American Express Vis	a Mastercard	Discover	Expiration	n Date:	V Code:	_
	Т	Cotal Amount:				
I hereby authorize the E	Embassy of Hope Fo	oundation to ch	arge my Visa, Master	card, Discover, or A	MEX the amount listed o	ıbove.
Signature:		For add	ditional information, c	all (386) 239-8215 c	or visit www.vincecarter1:	5.com

Proceeds benefit Women's and Children's Programs in our community and the Embassy of Hope Scholarship Fund.