



**Women's Invitational**  
*November 26-27, 2018*

**Team #1 Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Hdcp Index: \_\_\_\_\_ GHIN# \_\_\_\_\_

Home Club: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Partner's Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Hdcp Index: \_\_\_\_\_ GHIN# \_\_\_\_\_

Home Club: \_\_\_\_\_ Phone #: \_\_\_\_\_

*If you would like to play as a foursome, please sign up together.*

**Team #2 Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Hdcp Index: \_\_\_\_\_ GHIN# \_\_\_\_\_

Home Club: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Partner's Name:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Hdcp Index: \_\_\_\_\_ GHIN# \_\_\_\_\_

Home Club: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PLEASE CHECK ONE PAYMENT OPTION:** *(Make checks payable to Mission Inn Resort and mail to address below)*

Check  MasterCard  Visa  American Express  Discover **\$180 p.p.** *(\$170 prior to 11/05)*

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVC code: \_\_\_\_\_

**MAIL ENTRY TO: MISSION INN WOMEN'S INVITATIONAL**

ATTN: Pro Shop

10400 County Road 48 • Howey-in-the-Hills, Florida 34737

Head Golf Professional - Lou Colon: 352-324-3932 | Fax: 352-324-4199 | [Lou.Colon@MissionInnResort.com](mailto:Lou.Colon@MissionInnResort.com)