



Down Swings for Disabilities

2017 Golfer Registration Form

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _(____) _____ Email: _____

REGISTRATION INFORMATION

Individual X \$200.00 \$ _____
Team (if one person is paying for entire team) X \$700.00 \$ _____

Team Name: _____

Individual Names of Golfers on Team

1. _____ 2. _____

3. _____ 4. _____

ADDITIONAL DONATION (100% tax deductible): \$ _____

TOTAL DUE: \$ _____

PAYMENT INFORMATION

Credit Card Type: Amex _____ MC _____ Visa _____

Card Number: _____

Amount of Transaction: \$ _____ Expiration Date: _____ Billing ZIP Code: _____

Authorizing Signature: _____

If paying by check, please return check and this form to:

Sheri Lynch, Director of Development

DDD Foundation, Inc.

52 Executive Park South, Suite 5203 Atlanta, GA 30329

If paying by credit card, fax to 404-942-0088 or email to slynch@dddfoundation.org