

Sports Registration Form

All Sports Tournaments will be held on Sunday, October 10

**ALL TOURNAMENT PARTICIPANTS MUST BE REGISTERED FOR THE ILMA 2010 ANNUAL MEETING.
REGISTRATIONS ARE DUE AUGUST 27. TOURNAMENTS DO SELL OUT SO REGISTER EARLY!**

GOLF

FEE: \$135/Golfer or \$540/Foursome — All members of foursome must be registered for the Annual Meeting.

Attendee Name: _____ **Company:** _____ **Handicap:** _____ \$ _____

PAIR PAY
WITH FOR

Player #2 Name: _____ Company: _____ Handicap: _____ \$ _____

Player #3 Name: _____ Company: _____ Handicap: _____ \$ _____

Player #4 Name: _____ Company: _____ Handicap: _____ \$ _____

Golfers Paying for = _____ \$135/Golfer or \$540/Foursome = \$ _____

Rental Clubs: # _____ Left Handed # _____ Right Handed @\$55/set = \$ _____

GOLF REGISTRATION TOTAL = \$ _____

CROQUET

FEE: \$75/Player

Player #1 Name: _____ \$ _____

Pair with: _____ OR Need to be paired

Player #2 Name: _____ \$ _____

Pair with: _____ OR Need to be paired

Team Name: _____

CROQUET REGISTRATION TOTAL = \$ _____

TENNIS

FEE: \$45/Player

Player #1 Name: _____ \$ _____

Skill Level: Beginner Intermediate Advanced

Racket needed

Player #2 Name: _____ \$ _____

Skill Level: Beginner Intermediate Advanced

Racket needed

TENNIS REGISTRATION TOTAL = \$ _____

FUN RUN

FEE: \$25/PERSON

Participant #1 Name: _____ \$ _____

Check one: Runner Walker

T-Shirt Size: XS S M L XL XXL

Participant #2 Name: _____ \$ _____

Check one: Runner Walker

T-Shirt Size: XS S M L XL XXL

FUN RUN REGISTRATION TOTAL = \$ _____

CONTACT INFORMATION

Attendee Name: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Email: _____

PAYMENT INFORMATION

NO REGISTRATIONS WILL BE PROCESSED WITHOUT PAYMENT.

SPORTS REGISTRATION TOTALS = \$ _____

Check for above amount payable to ILMA is enclosed.

Charge above amount to my:

VISA MasterCard American Express

Credit Card Number: _____ - _____ - _____

Exp. Date: _____ **Security Code:** _____

REQUIRED

Billing Zip Code: _____ **Date:** _____

Signature: _____

☛ Complete and **FAX** to 703-836-8503 or
MAIL to ILMA, 400 N. Columbus St., Ste. 201
Alexandria, VA 22314

☛ **Or Register online at www.ilma.org.**

☛ For any sports registration questions please call the
ILMA office at 703-684-5574.

ILMA WILL SEND YOUR CONFIRMATION VIA EMAIL WITHIN 10 BUSINESS DAYS. COPY THIS FORM FOR YOUR RECORDS