



Alabama Podiatric Medical Association 2018 Golf Registration Form

May 4, 2018
The Baytowne Course
Sandestin Golf and Beach Resort
Destin, Florida

Player's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

Email: _____

Golf Registration Fees \$125.00 (No refunds will be issued)

Make check payable to: Alabama Podiatric Medical Association
PO Box 81
Locust Fork, AL 35097
Fax (205) 681-0194

Or

American Express Visa MasterCard Discover

Account # _____ Expiration Date: _____

Signature: _____

Please list any special player requests. Every effort will be made to put players together as requested.