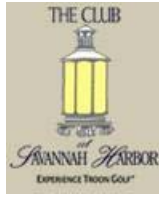


Golf Tournament Registration Form

Monday, August 11, 2008

The Club at Savannah Harbor
#2 Resort Drive
Savannah GA, 31421
912.201.2007



Registration Deadline: July 25, 2008

Fee: \$75. Includes greens fees, cart rental, range balls and lunch.

The tournament begins at 7 a.m. (shotgun start). Prizes will be awarded at the end of play.

Full Name: _____ Nickname: _____

Organization: _____

Mailing Address: _____

City: State: Zip: _____

Work Phone: _____ Cell: _____ E-mail: _____

In Case of Emergency, Please Contact:

Name: _____ Cell/Home Phone: _____

Handicap/Average Score: _____

Preferred Foursome:

1. _____
2. _____
3. _____
4. _____

If there is an individual or group with whom you would like to play, please write their name(s) above. We will make every attempt to accommodate your request. However, because pairings are based on players' abilities, there is no guarantee that you will be able to play with the group you requested.

Club Rental (Optional): Circle the appropriate type

Men's:	Women's:
Right-handed	Right-handed
Left-handed	Left-handed

Payment for club rentals (\$50 per set) is the responsibility of the golfer and will be handled by the Pro Shop on the day of the tournament.

Tournament Fee & Payment—\$75 per player

Payment must be made in U.S. dollars by check or credit card. Forms submitted without payment will not be processed.

____ Check/Money Order Enclosed

____ AMEX ____ Discover ____ MasterCard ____ VISA

Card Number _____ AMEX 4 Digit Front Code _____

CSC # (3 digit # on back of the card) _____ Expiration _____

Card Holder Name (Print) _____

Phone _____

Signature _____

Waiver of Liability:

In consideration of my entry, I, my heirs, executors and administrators waive all claims, release from all liability, and agree to hold harmless, MADD, Georgia, its agents, members and sponsors for any and all injuries and damages suffered by me in connection with this event. I understand that this tournament entails personal risk, including serious bodily injury and even death, and I voluntarily assume that risk. I recognize the physical exertion involved and attest and certify that I am physically fit to compete safely, and I have not been advised otherwise by a health care professional.

Signature _____

Date _____

RETURN THIS FORM TO:
Helen Bagley / Governor's Office of Highway Safety
34 Peachtree Street / Atlanta / GA / 30303

FAX: 404-651-9107
PHONE: 404-656-6996