



Registration Form



Tournament Date: Monday, April 19, 2010

Location: Naples Beach Hotel & Golf Club

Fee: \$110.00 per person

Payable to the Southeastern Claim Executive Association
(Include amount with meeting registration fee.)

Golf Chairman: Neill Timmons, Vice President, Claims
Canal Insurance Company
P. O. Box 7,
Greenville, SC 29601
E-mail address: nmt@canal-ins.com

Please register by returning the bottom portion of this form directly to Neill. Please also notify Neill immediately if you intend to cancel, to comply with the golf club's cancellation policy. This also avoids confusion when putting the foursomes together. The deadline for entry is March 5, 2010. Thank you.

Tee times will start at 1:00 PM on Monday. Format is a scramble.

Prize donations are welcome. Contact Neill if you are interested.

Please detach and send or e-mail directly to Neill Timmons.

I will play in the tournament.

Name: _____

Avg. Score or Hcp: _____

Company: _____

Phone #: _____

E-mail address: _____

My spouse or guest will also play.

Name: _____

Avg. Score or Hcp: _____

Rental Clubs Needed? Yes___ No___

Right Handed___ Left Handed___ Male___ Female___