

~~38th~~... 29th Annual Claims Management &
Leadership Conference

Sunday, June 13th, 2021

Hyatt Regency Coconut Point, Bonita Springs, Florida



Golf Tournament Registration & Sponsorship Form

Full Name	Company / Organization	Golf Handicap
Mailing Address	City	State Zip
Daytime Phone	Fax Number	Email

Golf Registration Information and Fees (please check one)

Golf registration is \$115/person for registration forms received by **June 1, 2021**. Registration fee includes greens and cart fees, buffet lunch, and Awards Ceremony with prizes. The tournament will be held at the Raptor Bay Golf Course, located on the grounds of the Hyatt Regency Coconut Point. **Registration begins at 7:00 a.m. with tee off at 8:00 a.m.**

****Note: Must be registered for the Conference to Sponsor Golf Tournament****

<input type="checkbox"/> Gold Lunch Sponsor - \$1000	Includes one sign on course, four golfers, four lunch buffets, a banner displayed throughout the tournament and Awards Ceremony, and an invitation to our exclusive Sponsors Reception
<input type="checkbox"/> Silver Sponsor - \$500	Includes one sign on course, two golfers, two lunch buffets, and a 24" x 30" sign and recognition at Awards Ceremony
<input type="checkbox"/> Bronze Sponsor - \$300	Includes one sign on course, one golfer, one lunch buffet, and recognition at Awards Ceremony
<input type="checkbox"/> Hole Sponsor - \$125	Includes one sign on course
<input type="checkbox"/> Registrant Only - \$115	Includes golfer, lunch buffet and Awards Ceremony with prizes.



Name on Credit Card: _____ Signature: _____

Total Amount: \$ _____ Credit Card Number: _____

Exp. Date _____ CVV Security Code _____ Email Address _____
(3-4 digit code found front/back of card) (You will receive an email receipt at this address immediately upon processing)

Billing Address: _____ Street _____ City _____ State _____ Zip _____

Mailing Information: to **WCCP Association, P.O. Box 2930, Land O Lakes, FL 34639** (Please do **not** send registrations by U.S. Post Office Certified Mail) For overnight mail, send to Hosman & Associates at 6000 Thomas Circle, Land O Lakes, FL 34638. If paying by credit card, you may fax this form to or secure e-fax at (866) 616-1220 or email to tanyea@hosmanassociates.com.

LIST PARTICIPANTS HERE FOR TWOSOME OR FOURSOME:

(1) _____	NAME _____	HANDICAP _____	(2) _____	NAME _____	HANDICAP _____
(3) _____	NAME _____	HANDICAP _____	(4) _____	NAME _____	HANDICAP _____