

~~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
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****

- _____ **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
- _____ **Silver Sponsor - \$500** Includes one sign on course, two golfers, two lunch buffets, and a 24" x 30" sign and recognition at Awards Ceremony
- _____ **Bronze Sponsor - \$300** Includes one sign on course, one golfer, one lunch buffet, and recognition at Awards Ceremony
- _____ **Hole Sponsor - \$125** Includes one sign on course
- _____ **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