

GOLF CLASSIC

2005

TEAM ENTRY FORM

(Forms may be faxed to 868-628-4476)

Company: _____

Contact Person: _____

Tel: _____ E-mail: _____ Fax: _____

Name of Player (1): _____ M F

Contact #: _____ Current USGA handicap index: _____

Registered Club: _____

Name of Player (2): _____ M F

Contact #: _____ Current USGA handicap index: _____

Registered Club: _____

Enclosed is a cheque for _____ to cover the sponsorship of _____ team(s) in the Trinidad & Tobago Carnival Charity Golf Classic (USD\$1,000 / TTD\$6,300 per team).

Please tick if you need us to find golfer(s) for your company's team(s).

We request that the completed entry form, your company's logo (in an Adobe Illustrator (.ai) or Photoshop (.psd) format), and payment be sent by **Monday January 10, 2005** to:

Trinidad & Tobago Carnival Charity Golf Classic Limited.

7 Alcazar Street, St. Clair, Trinidad & Tobago

Tel: 868-622-4932

Fax: 868-628-4476

E-mail: golf@islandevents.com

I, _____ of (company name) _____

authorise IslandEvents.com to use materials, such as speeches, publications, events, logos, etc. in promotional situations relative to the Trinidad and Tobago Carnival Golf Charity Classic. I further agree that all materials will remain in the possession of the Trinidad and Tobago Carnival Golf Charity Classic for the duration of the Tournament.

I accept responsibility for the payment of the cost of registration and any cost associated with the team's participation in the tournament.

Name (in capitals): _____ Signature: _____ Date: _____