

# 2020 NEW ERA CLASSIC PRO-AM RESERVATION FORM

## BILLING ADDRESS

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Alt. Telephone \_\_\_\_\_  
Email \_\_\_\_\_

## MEMBER SHIPPING ADDRESS IF DIFFERENT THAN BILLING ADDRESS

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



### NEW ERA CLASSIC PRO-AM PACKAGE:

I would like to reserve \_\_\_\_\_ team package(s) @ \$10,000 per package\*

I would like to reserve \_\_\_\_\_ individual package(s) at \$3,500 per package\*

## PAYMENT OPTIONS

- I would like to pay for my Pro-Am package in full.  
 I would like to pay 50% now, and the remaining balance by October 30, 2020.

## PAYMENT METHOD

- Pay with Credit Card     Check Enclosed

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

As the undersigned, I understand and agree to the following terms and conditions: full, non-refundable payment required in advance. No trademarks, names or logos relating to The RSM Classic may be used without prior written consent. No refunds in the event the tournament is canceled due to weather or any other condition beyond reasonable control. The Davis Love Foundation is a 501(c)(3) non-profit organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this  
form and return by  
email, fax or mail to:

Email

John McKenzie  
jmckenzie@dlovefoundation.com

Fax

(912) 634-3276

Mail

Davis Love Foundation  
100 Retreat Ave.  
St. Simons Island, GA 31522

Please make checks payable to:

Davis Love Foundation