

**2012 Golf Registration
Oxford Country Club**

2-Man Scramble - Handicapped

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Phone: _____

Email: _____

Team Name: _____

Players:

Name: _____ Handicap: _____

Name: _____ Handicap: _____

Registration deadline is March 16th.

- I have enclosed a check. I am paying with a credit card. Info below.
 Please invoice

If CC:

Cardholder name as shown on card: _____

Credit Card Type: Visa Mastercard AmEx Discover

Credit Card #: _____

Expiration Date: _____ / _____ Security Code: _____

Complete Billing Address of Card: _____

Fax completed form to 800-753-1596 or mail with payment to
MSMBA, Attn: Jamie Dixon, 1888 Main St Ste C-142, Madison, MS 39110