



Westhampton Beach  
Performing  
Arts Center

**17th Annual Golf Tournament**  
**Monday, June 17, 2019**  
**Westhampton Country Club**  
Check In & Full Breakfast – 9AM  
Shotgun Start – 11AM  
Cocktail Party – 4 PM

**Player Registration – Payment Must Accompany Registration**

Golf Foursome.... \$2,000....includes Full Breakfast, Lunch, Cocktail Party  
Single Golfer.... \$500....includes Full Breakfast, Lunch, Cocktail Party  
17th Annual Golf Tournament Cocktail Party Only.... \$150  
Own the Hole...\$500

**PLEASE PRINT**

Player Name \_\_\_\_\_ Handicap/Index \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Player Name \_\_\_\_\_ Handicap/Index \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

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Player Name \_\_\_\_\_ Handicap/Index \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**Enclosed:**

____ Foursome \$2,000	\$ _____	(\$125 tax deductible per person)
____ Single Golfer \$500	\$ _____	(\$125 tax deductible per person)
____ Cocktail Party \$150	\$ _____	(\$ 80 tax deductible per person)
____ Own the Hole \$500	\$ _____	(\$500 tax deductible)

**I cannot attend, but wish to make a donation of \$ \_\_\_\_\_ (100% tax deductible)**

\_\_\_\_ Check enclosed payable to: WHBPAC \$ \_\_\_\_\_

Please charge my credit card \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Amex

Name as it appears on card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Please return to: Roberta Shoten, WHBPAC, 76 Main Street, Westhampton Beach, NY 11978**  
**[RobertaS@whbpac.org](mailto:RobertaS@whbpac.org) , 631.288.2350 Ext. 117, Fax:631.288.7898, www.whbpac.org**