



# 2008 Golf Getaway to Pinehurst November 7-11

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Average 18-hole score \_\_\_\_\_

I would like to room with \_\_\_\_\_

To reserve your space, please fax this form to 631-614-4343, and send a copy, along with a deposit check for \$250 to Sports Journeys, Inc., 2 Wildwood Court, E. Hampton, NY 11937. The balance is due (via check) by October 24<sup>th</sup>. No refunds will be made once full payment is received. Deposits (minus a \$50 fee) will be refunded if request is received by October 7<sup>th</sup>.

Terms: I have read the payment terms and agree to abide them. Additionally, I understand that there are certain risks associated with all athletic activities, and I agree to assume all such risks as they may relate to me, and I further release Sports Journeys, Inc., and all their representatives as well as any golf facilities we use from any claim or liability which I or any of my successors or assigns may have arising in any way out of my participation in the golf getaway, including travel to and from any site of any activity associated with the getaway.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax this form to 631-614-4343**