

GFOA-PA 2018 Additional Activities Registration Form

Register each person using a separate form, but payment can be made with one check or credit card.

Complete Name (Please print clearly)

Name as you want it to appear on your name badge

Municipality/Company/Organization

Mailing Address

City State Zip

Phone Fax

Email (Confirmations are only sent by email.)

This is my first GFOA-PA Conference: Yes No

I have a special dietary or accessibility need and will require accommodations in order to fully participate in this meeting. Please contact me.

To add more people, this form may be photocopied and total fee paid with one check or credit card.

9 Hole Option Available!

Complete This Box Only If You Are Registered for Golf Here

GFOA-PA Golf Tournament: The Race for the Rob Lent Cup Tuesday, April 24 Toftrees

18 Holes: \$80 • 9 Holes: \$60

18 hole OR 9 hole scramble • Shotgun start
Fee includes cart • All level of golfers welcome!

This year's golf tournament will open new doors for you with foursomes blind-matched and based on playing skills, unless you absolutely want to specify your foursome. Again this year is the Rob Lent Cup, an award for the foursome with the best score!

My golf handicap is _____

or playing skill _____ beginner _____ intermediate _____ skilled



This form is NOT a conference registration.

This form should ONLY be used to register for additional activities (golf and escape room) and to register additional guests, once your conference registration form has been completed.

Additional Meal Plans

(For those accompanying a conference attendee)

_____ people at \$225 each (GIVE NAMES BELOW)

Golf

18 Holes \$80 X _____ players = \$ _____ (register in box at left)

9 Holes \$60 X _____ players = \$ _____ (register in box at left)

Escape Room

\$25 X _____ escapees = \$ _____

Registration Payment Options

Registrations received without full payment will not be processed. Invoicing is not available.

Please email me a receipt for my records.

Online: Have credit card available and go to www.gfoapa.org

Mail: Send form and check (payable to GFOA-PA) to
GFOA-PA, 174 Crestview Dr., Bellefonte, PA 16823-8516

Fax: Provide credit card information and fax to 814-355-2452

Credit Card: Visa MasterCard

Name on Card (print) _____

Account Number _____

Exp. Date _____ Security Code: _____

Signature _____

TOTAL PAYMENT FOR REGISTRATION AND/OR ACTIVITIES

\$ _____

No fees for registration, daily rate, activities, or extra meal plans will be refunded after April 15, 2018. Cancellations after April 15 will receive a copy of any conference materials. Changes or cancellations must be made in writing to Terri Breon at registration@gfoapa.org. Substitutions may be made in advance.