## **Registration Form**

<ul> <li>Contact Inform</li> <li>Name :</li> </ul>		Title:	<ul> <li>Payment Information (Tax exempt receipt will be issued for bank deposit only)</li> </ul>				
Company :			Credit Card : amount to be paid \$				
Tel :	I	Fax :	Credit Card Number :				
E-mail :			Exp Date : Signature:				
I would like to Sponsor (Please check)			Card Type : CVC No. :				
🗆 Hole	🗆 Title	🗆 Lake					
🗌 Banquet	🗌 Service	members	Bank Deposit				
🗌 Individual	🗆 Sofa	🗌 Raffle	Korea Exchange Bank : account 143-22-01794-5 Account Holder : 국제봉사협회				

## Player Information

Name	T-shirts Size	ID No (SSN, KID, etc)	Nationality	Contact No	Name	T-shirts Size	ID No (SSN, KID, etc)	Nationality	Contact No

## ◆ Vehicle Information

Name of driver	ID No (SSN, KID, etc)	Vehicle Plate No	Model	Contact No	Name of driver	ID No (SSN, KID)	Vehicle Plate No	Model	Contact No

## PLEASE FAX REGISTRATION FORM TO: 02) 795-5287 REGISTRATION DEADLINE : Oct 8 (Mon)

For gate access, USO needs information of all the participants including drivers . For additional participants, please copy this form and fill out the information.