



# 2012 Ireland Pro-Am **October 6 – 13, 2012** Official Entry Form

A \$3000.00 deposit must accompany the entry form to reserve your team's spot. The balance will be due by July 1, 2012. This is a team event and individual entries will not be accepted.  
 Questions? Call CELTIC GOLF at 800-535-6148.

| Team Professional   | Amateur 1   | Amateur 2   | Amateur 3   |
|---|---|---|---|
| Passport Name _____   | Passport Name _____   | Passport Name _____   | Passport Name _____   |
| Address _____   | Address _____   | Address _____   | Address _____   |
| City _____ State _____ Zip _____  | City _____ State _____ Zip _____  | City _____ State _____ Zip _____  | City _____ State _____ Zip _____  |
| Phone _____   | Phone _____   | Phone _____   | Phone _____   |
| Email _____   | Email _____   | Email _____   | Email _____   |
| Club _____  | GHIN # _____ HDCP Index _____   | GHIN # _____ HDCP Index _____   | GHIN # _____ HDCP Index _____   |
| Occupancy: Single Double <i>(check only one)</i><br>Sharing room with _____   | Occupancy: Single Double <i>(check only one)</i><br>Sharing room with _____   | Occupancy: Single Double <i>(check only one)</i><br>Sharing room with _____   | Occupancy: Single Double <i>(check only one)</i><br>Sharing room with _____   |
| <b>Entry Fee Calculation</b><br>Base price of Pro-Am _____<br>Optional round @ Killarney (\$150.00) _____<br>Insurance (\$145.00) _____ | <b>Entry Fee Calculation</b><br>Base price of Pro-Am _____<br>Optional round @ Killarney (\$150.00) _____<br>Insurance (\$145.00) _____ | <b>Entry Fee Calculation</b><br>Base price of Pro-Am _____<br>Optional round @ Killarney (\$150.00) _____<br>Insurance (\$145.00) _____ | <b>Entry Fee Calculation</b><br>Base price of Pro-Am _____<br>Optional round @ Killarney (\$150.00) _____<br>Insurance (\$145.00) _____ |

**A DEPOSIT OF \$3000.00 PER TEAM IS REQUIRED TO RESERVE YOUR SPOT ~ PLEASE SEND A CHECK, PAYABLE TO CELTIC GOLF, OR IDENTIFY CREDIT CARD & AMOUNT TO CHARGE BELOW.. VISA/MC/AMEX**

|  |  |  |  |
|--|--|--|--|
| Name on Card _____                     | Name on Card _____                     | Name on Card _____                     | Name on Card _____                     |
| Credit Card Number _____               | Credit Card Number _____               | Credit Card Number _____               | Credit Card Number _____               |
| Address _____                          | Address _____                          | Address _____                          | Address _____                          |
| City _____ State _____ Zip _____       | City _____ State _____ Zip _____       | City _____ State _____ Zip _____       | City _____ State _____ Zip _____       |
| Exp. Date _____ Amount to charge _____ | Exp. Date _____ Amount to charge _____ | Exp. Date _____ Amount to charge _____ | Exp. Date _____ Amount to charge _____ |

Note: Final payments charged to a credit card are subject to a 3% service fee.