

ICBND 52nd Annual Convention

Pac Golf

Golf Scramble Registration Form

Our PAC Golf Scramble has been a huge success in the past and we look forward to continuing the tradition. Playing golf and gathering with friends what a great combination!

Location: Prairie West Golf Course, 2709 Longspur Trl, Mandan

Date: Monday, August 12, 2019

Time: Registration begins at 10:30 am with 11:30 am shot gun start

Format: 4 person scramble 18 hole event (we will be using the California Handicap System)

\$129 per golfer includes range balls, greens fee, cart, prizes (5 Team Prizes of \$400 to each team plus hole prizes), and lunch

_____ Total amount enclosed

_____ Please invoice me

Registration is limited to the first 140 golfers registered

Register individually. Name those you wish to participate in your foursome team. Each foursome should include an Associate Member. If you have not arranged for an associate member, ICBND will assign one to your team.

Player 1: _____ Telephone: _____

Bank/Company: _____ Address: _____

City,St,Zip: _____ 18 Hole Handicap*: _____

*If no handicap is listed, ICBND will assign your handicap as 0.

I wish to golf with:

Player 2: _____ Bank/Company: _____

Player 3: _____ Bank/Company: _____

Player 4: _____ Bank/Company: _____

All players must complete their own registration form and submit with convention registration.
ICBND will do the best they can at granting team wishes listed but compromises may apply.

There will be an opportunity to purchase mulligans to benefit the PAC at the Prairie West Golf Club during the registration prior to tee off. Purchase one for \$15, two for \$25, or three for \$30. Mulligans must be purchased with cash or a personal check payable to ICBankPAC. Limit three mulligans.

* Disclosure: The ICBankPAC cannot accept corporate contributions, anonymous contributions, or a contribution in the name of or on behalf of another person. Contributions made to an association or business PAC are not deductible for income tax purposes. State PACs are required to report the name and mailing address of each contributor of MORE than \$200.

Please mail this form, along with your convention registration and fees payable to ICBND to:
Independent Community Banks of North Dakota
PO Box 6128
Bismarck, ND 58506-6128
701-258-7121 www.icbnd.com

