

2016 DISTRICT FEE REPORT FORM

All fees must be paid in US dollars. Return form to:

E-mail: golf@optimist.org Fax: 314-735-4107
 Mail: Optimist Golf
 4494 Lindell Blvd St. Louis, MO 63108 USA



FORM MUST BE RECEIVED BY JUNE 29, 2016. PLEASE TYPE OR PRINT LEGIBLY.

SECTION 1 – DISTRICT INFORMATION

DISTRICT: _____ DISTRICT CHAIR: _____

NAME OF PERSON COMPLETING REPORT (if different than District Chair list above): _____

EMAIL: _____ PHONE: _____ PHONE 2: _____

TOURNAMENT DATE: _____ GOLF COURSE & CITY, STATE/PROVINCE: _____

SECTION 2 – QUALIFIER FEES

TOTAL NUMBER OF PARTICIPANTS IN QUALIFIER(S) BY AGE DIVISION:

BOYS 10-11	BOYS 12-13	BOYS 14-15	BOYS 16-18	GIRLS 10-12	GIRLS 13-14	GIRLS 15-18		GRAND TOTAL
							=	
PRE-QUALIFIER(S) BY AGE DIVISION								
BOYS 10-11	BOYS 12-13	BOYS 14-15	BOYS 16-18	GIRLS 10-12	GIRLS 13-14	GIRLS 15-18		GRAND TOTAL
							=	
							=	
							=	
							x	\$10.00 US
= SECTION 2 SUB-TOTAL								

SECTION 3 – DISTRICT WINNER & QUALIFIER PAYMENTS

List names and age divisions of all golfers who will be sponsored by District and amount of financial support granted. The standard financial support amount is \$650 US (District winners) and \$720 US (qualifiers, non-winners). Attach additional sheet if necessary.

BOYS

GOLFER NAME	DIVISION	AMOUNT
SECTION 3A SUB-TOTAL		

GIRLS

GOLFER NAME	DIVISION	AMOUNT
SECTION 3B SUB-TOTAL		

SECTION 4 – TOTAL AMOUNT DUE

SECTION 2		SECTION 3 Boys		SECTION 3 Girls		GRAND TOTAL DUE
	+		+		=	

SECTION 5 – PAYMENT METHOD

___ CHECK/MONEY ORDER (Payable to "Optimist International Youth Programs Foundation, Inc") ___ VISA ___ MC ___ AMEX ___ DISCOVER

CARDHOLDER NAME _____

BILLING ADDRESS _____ CITY, STATE, ZIP _____

CREDIT CARD # _____ EXPIRATION _____ CSC _____

CARDHOLDER SIGNATURE _____

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