

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Yes, I plan to participate in Media Day • My Handicap is: \_\_\_\_\_

\_\_\_\_\_ Yes, I plan to participate in Media Day • Breakfast/Conference only \_\_\_\_\_

\_\_\_\_\_ No, I cannot participate in Media Day

\_\_\_\_\_ Yes, I plan on attending the Cocktail Reception I will bring a guest \_\_\_\_\_

Please return by Friday, February 15 via fax to (843) 671-6738,  
or email [angela@heritageclassicfoundaiton.com](mailto:angela@heritageclassicfoundaiton.com) • (843) 671-2448