

# ASGA in CABO, MEXICO!

## 7-NIGHTS / 8-DAYS - ALL INCLUSIVE

### PARADISUS RESORT 3 ROUNDS OF GOLF

#### ALL ROOMS OCEAN VIEW ALL MEALS @ RESORT INCLUDED

## SUNDAY, APRIL 7 - SUNDAY, APRIL 14, 2019

# OFFICIAL REGISTRATION FORM

SPONSORED BY THE AMERICAN SINGLES GOLF ASSOCIATION — Phone 980-833-6450 (Call/Text: M-F, 9-2 Eastern)  
 Full Details & Online Registration: [SinglesGolf.com/Cabo](http://SinglesGolf.com/Cabo) Resort: [SinglesGolf.com/Paradisus](http://SinglesGolf.com/Paradisus)

NAME SHOWN BELOW IS HOW NAMETAG WILL APPEAR. ONE FORM PER PERSON, PLEASE PRINT.

NAME \_\_\_\_\_ ( ) MALE ( ) FEMALE CHAPTER NAME \_\_\_\_\_ (Indicate city if no chapter name.)  
 ADDR \_\_\_\_\_ CTY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Handicap/Avg.Score \_\_\_\_\_  
 HOME PH ( ) \_\_\_\_\_ CELL PH ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### CHECK APPROPRIATE PACKAGE (Packages are described on previous flyer page):

- ( ) **\$2,595.00 — STANDARD PACKAGE** (you'll have a roommate—you secure or we try to get same gendered roommate)
- ( ) **\$3,395.00 — ROOM-BY-MYSELF PACKAGE** (includes everything in St'd. Pkg.)
- ( ) **\$80.00 — OPT. DINNER AT THE OFFICE ON THE BEACH RESTAURANT ON APRIL 11**
- ( ) **\$330.00 — OPT. DAYS' STAY, EITHER BEFORE OR AFTER THE PACKAGE DATES (ROOM ALONE)**
- ( ) **\$215.00 — OPT. DAYS' STAY, EITHER BEFORE OR AFTER THE PACKAGE DATES (W/ ROOMMATE)**

My roommate will be \_\_\_\_\_ (or we'll attempt to assign a same-gender roommate if you prefer.)  
 Please do not list yourself as someone else's roommate without their permission. **IMPORTANT:** If you choose a roommate, we can't hold your room until both parties have paid. I am requesting a room with ( ) One King Bed ( ) Two Double Beds Note: Rooms are "ROH" (run of house). **Hotel controls your room location and room type.** We register you subject to those conditions.

I'd like to play ( ) one ( ) all rounds of golf with \_\_\_\_\_. Email special requests to [info@SinglesGolf.com](mailto:info@SinglesGolf.com)

I AM REMITTING: \$ \_\_\_\_\_ for the package indicated above  
 + \$ \_\_\_\_\_ for \_\_\_\_ add'l. nights (\$330 single / \$215 dbl. occ. / night). All-inclusive (meals, mini-bars, liquor/wine/beer)  
 Indicate dates (before/after) of add'l. nights: \_\_\_\_\_  
 + \$ \_\_\_\_\_ Add \$80 for Optional Dinner at The Office on the Beach in Cabo San Lucas (incl. transportation)  
 + \$ \_\_\_\_\_ Mulligans (put \$15 in this space if you want 3 mulligans for each of your 3 package days of golf.)  
 + \$ \_\_\_\_\_ 50/50 Raffle Tickets (add \$20 here for four (4) fifty-fifty raffle tickets.)  
 - \$ \_\_\_\_\_ Enter and subtract \$200.00 here if you paid an advance deposit of \$100 by January 31, 2019  
 = \$ \_\_\_\_\_ TOTAL AMOUNT (Chk. # \_\_\_\_\_ - Make Check\* Payable to ASGA, Inc. (Mailing Address Below.)

**CANCELLATION:** There is a 25% cancellation fee on or prior to 03/07/19. Absolutely NO refunds after 03/07/19. If your plans change, you can sell your position to another member. See events website for cancellation policy, terms & conditions.

**TRIP INSURANCE IS OFFERED** on this event as an option and must be purchased within 10 days of registering through the event website.  
 ( ) I will apply for trip insurance within ten (10) days of registering. If you register without purchasing trip insurance, you are indicating that you are declining to purchase trip insurance and you assume all risks, e.g. personal or family sickness/injury/accidents at last moment and would therefore receive no refund of any sort if any issue arises. ( ) I am declining trip insurance of any kind

**CONFIRMATION:** A letter or e-mail confirmation will be sent to you upon receipt of payment. If you do not receive confirmation within 10 days after registering, you must contact ASGA at the number below.

**MAILING ADDRESS:** ASGA, 1122 Industrial Dr., Suite 107, Matthews, NC 28105 Questions: Call or Text to 980-833-6450

**PAY BY CREDIT CARD:** I hereby authorize ASGA to charge my account number below for the "TOTAL AMOUNT" indicated above. A 3% fee will be added to the TOTAL AMOUNT shown above.

Acc't. No: \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_  
**CREDIT CARD USERS: Fax this form to 888-465-3295 or Scan & Send to [Irene@SinglesGolf.com](mailto:Irene@SinglesGolf.com)**

**QUESTIONS? E-MAIL TOM ALSOP at [Tom@SinglesGolf.com](mailto:Tom@SinglesGolf.com) OR CALL 980-833-6450 or 1-888-GOLFMATE**