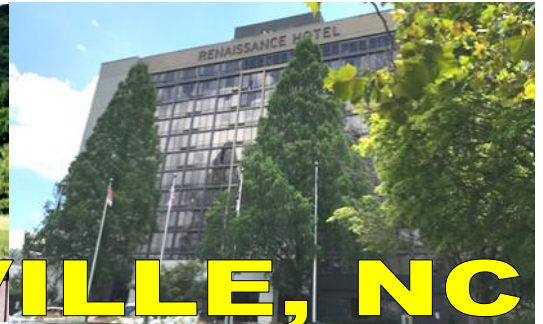


SUNDAY, OCT. 28 - WEDNESDAY, OCT. 31, 2018

Standard Package (dbl. occ.) Includes:

- Three (3) nights' stay at the Renaissance Hotel
 - Two (2) rounds of golf. Grove Park (or Laurel Ridge CC / TBD) and Maggie Valley. Golf carts included.
 - Welcome party (cash bar) - Hotel to furnish chef's choice of hors d'oeuvres.
 - Two (2) dinners, All room taxes, free self-parking
 - Welcome gift, Program and Pairings Guide, nametags, ASGA prize certificates for winners of competitions
- Room-alone package also available, see below.



ASHEVILLE, NC

SPONSORED BY THE AMERICAN SINGLES GOLF ASSOCIATION — Phone 980-833-6450 (M-F, 9-2pm Eastern)

See SinglesGolf.com/Asheville for complete details, updates, etc.

Event Website: SinglesGolf.com/Asheville Hotel Website: See Website @ Left Resort Phone: 828-252-8211

Fall Days in Asheville, NC

Add'l. Nights: Rates (including tax) is \$452 (single or \$226 d.o.) if you check in 1- 2 days **early** (weekend) and \$204 (single) for 1-2 days **after** event or \$104 per night double occupancy.

MEMBERSHIP: Current ASGA membership required. To join ASGA, call 980-833-6450 or go online at SinglesGolf.com/join.

CANCELLATION: There is a 25% cancellation fee on or prior to 09/28/18. Absolutely NO refunds after 9/28/18. If your plans change, you can sell your position to another member. See event website for cancellation policy, terms & conditions.

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 us at info@SinglesGolf.com or call 980-833-6450, M-F, 9-2, ET.

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 () _____ WORK/CELL PH () _____ E-MAIL _____

CHECK APPROPRIATE ITEM(S): Full Details at SinglesGolf.com/Asheville

- () \$599.00 — STANDARD PACKAGE (YOU'LL HAVE A ROOMMATE)
- () \$919.00 — ROOM-BY-MYSELF PACKAGE (includes everything in the Standard Package)
- () \$49.00 — OPT. DAY-OF-DEPARTURE GOLF on October 31 @ 9am at course TBD (No organized day-of-arrival golf)

My roommate will be _____ (We'll 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: Room preferences and hotels are first come, first served. Only the hotel controls the availability of room types. We register you regardless of availability.*

During () One () All golf rounds, please pair me with _____ (No putting together your own foursomes)

By submitting this form, YOU ARE DECLINING travel protection unless box is checked at right: () I will apply for travel protection

➔ Travel protection (trip insurance) must be purchased within five (5) days of registering. See link at bottom of SinglesGolf.com for rates.

I AM REMITTING: \$ _____ for the package indicated above

+ \$ _____ for ___ add'l. nights AFTER event (\$208 single / \$104 dbl. occ). Indicate dates you will stay: _____

+ \$ _____ for ___ add'l. nights BEFORE event: (\$452 single / \$226. dbl. occ). Indicate dates you will stay: _____

+ \$ _____ Optional Day-of-Departure golf on Wednesday, Oct. 31, 9am at course TBD \$49

+ \$ _____ Mulligans (put \$10 in this space if you want 3 mulligans for each of your 2 days of golf. Mullies not avail. on opt. round.)

+ \$ _____ 50/50 Raffle Tickets (put \$20 in this space if you want twenty-five (25) 50/50 raffle tickets. (20 for \$20 @ event)

= \$ _____ TOTAL AMOUNT (Check No. _____ - Make Check** Payable to ASGA, Inc. See Mailing Address Below.)

PAY BY CREDIT CARD: All major cards accepted. I hereby authorize ASGA to charge / debit my account number below for the "TOTAL AMOUNT" indicated above on this form. A 3% credit card processing fee will be added to the TOTAL AMOUNT shown above if using a credit / debit card.

Acc't. No: _____ Exp. _____ Signature _____

CREDIT CARD USERS: Fax this form to 980-225-0231 or Scan & E-Mail to Irene@SinglesGolf.com OTHERWISE, MAKE CHECK PAYABLE TO "ASGA, INC." AND MAIL TO: ASGA, 1122 Industrial Dr., #107, Matthews, NC 28105

QUESTIONS? E-MAIL TOM ALSOP at Tom@SinglesGolf.com OR CALL 980-833-6450 or 1-888-GOLFMATE

** There is a 4% svc. chg. for any check returned unpaid by the bank. Cancellation policy applies. See www.SinglesGolf.com/events for complete details of policy and events. © 2018 ASGA, Inc.