

ASGA IN CABO 2024

7-NIGHTS / 8-DAYS - ALL INCLUSIVE

PARADISUS "ADULTS ONLY" RESORT
ALL ROOMS GARDEN/OCEAN VIEW**



3 ROUNDS OF GOLF
ALL MEALS @ RESORT INCLUDED

SUNDAY, OCT. 20 - SUNDAY, OCT. 27, 2024

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 Resort: 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 _____

CELL PHONE _____ Emerg. Contact & Phone: _____ E-MAIL _____

CHECK APPROPRIATE ALL-INCLUSIVE PACKAGE (Packages are described on previous flyer page):

() \$2,949 — STANDARD PACKAGE (you'll have a roommate—you secure or we try to get same gendered roommate)

() \$4,196 — ROOM-BY-MYSELF PACKAGE (includes everything in Standard Package)

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

I AM REMITTING: \$ _____ for the package indicated above
\$ _____ Add \$98 for Optional Dinner at The Office on the Beach in Cabo San Lucas (incl. transportation) Thurs. night
+ \$ _____ Mulligans (put \$10 in this space if you want 3 mulligans for each of your 3 package days of golf.) All \$\$ collected goes to proximity wins.
+ \$ _____ 50/50 Raffle Tickets (add \$20 here for FIVE (5) fifty-fifty raffle tickets.)
+ \$ _____ SUB-TOTAL
- \$ _____ 10% down payment REQUIRED (pay in full by 8/23/24 & you'll receive add'l. 12 month's membership (\$99 value). **BALANCE DUE 9/20/24.**
= \$ _____ TOTAL AMOUNT (Ck. # _____ - Make Check* Payable to ASGA, Inc. (Mailing Address Below.)

CANCELLATION: There is a 10% cancellation fee on or prior to 8/31/24. Absolutely NO refunds after 8/31/24. 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 5 days of registering through the event website.
() I will apply for trip insurance within FIVE (5) days of registering. () I am declining trip insurance of any kind. 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.

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, P. O. Box 848, Pineville, NC 28134 Questions: Call or Text to 980-833-6450

OKAY TO MAKE PAYMENT BY ZELLE—USE 980-833-6450 TO MAKE YOUR PAYMENT

** Ocean view does not mean ocean front

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. You may pay by check at any time and not be charged the 3%.

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

CREDIT CARD USERS: Fax this form to 888-465-3295 or Scan & Send to Irene@SinglesGolf.com

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

* There is a 4% service charge for any check returned unpaid by the bank. Cancellation policy applies. See www.SinglesGolf.com/events for complete details of policy and events.

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