

2016 ICA ANNUAL EDUCATION CONFERENCE GOLF OUTING



Sunday, October 16, 2016
8:00 AM
(shot gun format)

Please join us at the Ritz-Carlton Golf Club for the 2016 ICA Annual Conference Golf Tournament co-sponsored by FastTrack and PhotoFax. The tournament is open to all attendees and guests of the Annual Conference. Play will begin at 8:00 a.m. with a shotgun start and will allow all golfers an enjoyable morning, time for lunch at the Clubhouse if desired, and the remainder of the afternoon to enjoy the resort property and participate in all other conference activities. Please arrive at the course by 7:30 a.m. The course is on the resort property so transportation is not necessary.

The tournament will be played in a “scramble” format. Each team member will hit from each tee. The best tee shot will be selected for play and each player will then play their shot from that location. This process will be repeated until the hole is completed.

REGISTRATION FEE

The registration fee is **\$95 per golfer**, which includes greens fee, golf cart, caddie concierge, bag handling, range usage, and all tournament services.

CLUB/SHOE RENTAL

Rental Clubs and other purchases at The Ritz-Carlton Golf Club are each player's responsibility.

Clubs: \$75/ person

Shoes: \$25/ person

REGISTRATION DEADLINE

September 30, 2016

HOW TO REGISTER

Please complete the registration form below and submit it to Kim Reed via email at kreed@claim.org by September 30, 2016.

SCHEDULE OF EVENTS

“Shotgun” Start at 8:00 a.m.

TEAM AWARDS

1st Place, 2nd Place, 3rd Place

INDIVIDUAL AWARDS

Closest to the pin, Longest Drive (Men & Women) & Longest Putt

INCLEMENT WEATHER POLICY

Should there be inclement weather, play will continue UNLESS declared unplayable by the course management.

A SPECIAL THANK YOU TO
OUR GOLF SPONSORS:

FastTrack
RTW Services & Solutions



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REGISTRATION FORM

\$95/golfer

THERE MUST BE ONE REGISTRATION FORM PER GOLFER.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

I am an Annual Conference attendee.

YES NO

I am the guest of an Annual Conference attendee.

YES NO

I would like to be paired with the following person(s):

1. _____

2. _____

3. _____

PAYMENT

CREDIT CARD: VISA MASTER AMEX

Cardnumber _____ Exp: _____

Cardholder's Name/Signature: _____

SUBMITTING A CHECK PAYMENT?

All payments MUST be received by September 30 to guarantee your registration.

Please mail payments to:

International Claim Association | 1800 M Street, NW | Suite 400S | Washington, DC 20036

Phone: (202) 452.0143 | www.claim.org