

# REGISTRATION FORM

Orthopedic Associates  
Wayman Tisdale Memorial Golf Tournament  
3301 NW 50th Street, Oklahoma City, OK 73112  
registration@okortho.com | 405.401.8994

**TEAM OF FOUR COST: \$600**

Company/Clinic Team Name: \_\_\_\_\_

Please List Team Members:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**INDIVIDUAL PLAYER COST: \$150**

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please make checks payable to:**

Wayman Tisdale Memorial Golf Tournament

Total Payment: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

**Credit Card Info:**

Credit Card: \_\_\_\_\_

No: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (back code)

\_\_\_\_\_ I regret that I will not be able to play but please accept this donation.