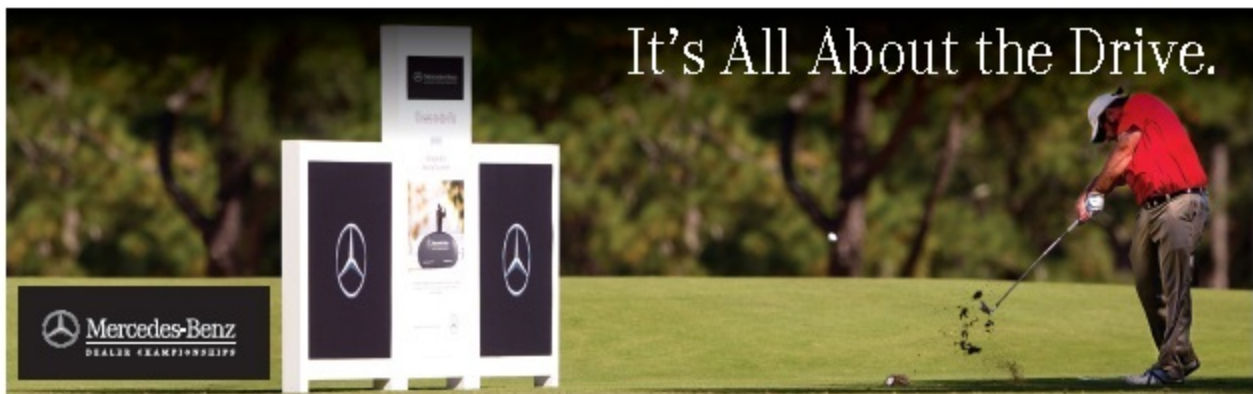


It's All About the Drive.



Individual Golfer - \$159

Twosome - \$318

Player 1: _____ **Handicap/GHIN #** _____

Address: _____

City, State, Zip: _____

Phone: _____ Email address: _____

Player 1 Method of Payment:

Check # _____ enclosed. Please make check payable to Mercedes-Benz of Arrowhead

Please charge my: American Express Discover Mastercard Visa

Name on Card *Credit Card #* *Billing Zip*

Signature *Expiration Date* *Security Code*

.....

Player 2: _____ **Handicap/GHIN #** _____

Address: _____

City, State, Zip: _____

Phone: _____ Email address: _____

Player 2 Method of Payment:

Check # _____ enclosed. Please make check payable to Mercedes-Benz of Arrowhead

Please charge my: American Express Discover Mastercard Visa

Name on Card *Credit Card #* *Billing Zip*

Signature *Expiration Date* *Security Code*

PLEASE SUBMIT YOUR COMPLETED FORM TO: Jeff Lane at Mercedes-Benz of Arrowhead
JeffL@arrowheadmnb.com | FAX: 623.583.1168 | 602.329.2487 | arrowheadmnb.com