

Player Registration Form

Tournament logistics will be subject to Vermont's COVID guidelines at time of event

CONTACT INFORMATION

Contact Person _____ Email _____

Address _____

City _____ State _____ Zip _____ Phone _____

PLAYER INFORMATION

Golfer 1 _____ Email _____

Golfer 2 _____ Email _____

Golfer 3 _____ Email _____

Golfer 4 _____ Email _____

Registration Includes:

- Greens Fees
- Golf Cart
- Lunch and Dinner
- Great Player Gifts
- Golf Balls
- Fantastic Prizes

_____ Individual Golfers at \$160 each \$_____

_____ Individual Golfers at \$150 each \$_____

(for registrations received by 8/18/21)

_____ Additional Dinner Only Tickets (\$45) \$_____

Total \$_____

PAYMENT INFORMATION

Check enclosed in the amount of \$_____ payable to HCRS

Please charge my credit card in the amount of \$_____

Cardholder Name _____

Card Number _____

Billing Zip _____ Exp Date _____ 3 Digit Code _____

