

# 1st Annual K. of C. Golf Tourney Entry Form

Please fill out the form for the Golf Tournament held this year on Sat. May 4<sup>th</sup> at Rolling Meadows

Full Name:

Street Address:

City: /State /ZIP

Phone Number:

E-mail Address:

Sponsor Opportunities:

I cannot play, but I would like to donate: \$

My donation will support K. of C. Council Wounded Warrior fundraiser

Company or individual name as it should appear on the golf hole sign if applicable:

Cost per Team Member is \$60.00. The price includes food, beer, and prizes for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> flights. There will be a party at the Shamokin K of C after the tournament. Prizes for long drive, closest to the pin on all Par 3 holes.

Team Name:

Team Member #1:

Team Member #2:

Team Member #3:

Team Member #4: