



# CHILLICOTHE ELKS LODGE #656



## GOLF TOURNAMENT REGISTRATION FORM

Would you like to play at 7:00 AM or 1:00 PM: \_\_\_\_\_

### PLAYER 1/Team Captain:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

### PLAYER 2:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

### PLAYER 3:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

### PLAYER 4:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

Make checks payable to **CHILLICOTHE ELKS LODGE #656** and mail to:

Chillicothe Elks Lodge ~ ATTN: Golf Tournament ~ PO Box 377 ~ Chillicothe MO 64601

QUESTIONS? Contact Lindy Scott @ 660-973-0109 or Paula Estes @ 660-247-3511.