



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 Amie Kepner @ 660-247-0033