

OFFICIAL REGISTRATION

- Download and complete this form using Abode Acrobat, Save and email
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OR MAIL TO: HendrickK@Grayson.edu

OR MAIL TO: Grayson College Foundation MB Golf
6101 Grayson Dr, Denison TX 75020

(903) 463-8716

TACT		

FIRST NAME	LAST NAME				HANDICAP*			
MAILING ADDRESS					* Team handicap will be determined by tournament organizers.			
CITY			ZIPCODE			Will you attend these events that are included with your registration?		
EMAIL						Lunch Post-To Recept		
PHONE		ORDE	R					
I want to play Assign me to		QTY	ITEM			COST	TOTAL	
with this Team: a random team.			Player F	Registration(s)	;	\$100/ea	\$	
			Split The Pot (Optional)			\$25/ea	\$	
I am playing with a Sponsor's Team (COMP) Sponsor			Mulligans (Limit 2)			\$10/ea	\$	
			Scholars (Optiona	ship Contributi	on :	\$	\$	
PAYMENT			Т			TOTAL	\$	
Check payable to Grayson College Foundation.	MasterCard DISCOVER							
Please charge my Visa, MasterCard or Discover credit card with the Card No.		the inform	ation belov	v. Security Code		Billing Zi	o Code	
Cardholder Name		Signature						