



GOLFER REGISTRATION FORM

Please download and return by regular mail the completed Registration Form with your entry fee of \$135.00 per individual golfer or \$500.00 per foursome to the address below by July 1st. If you are not a foursome and wish to be paired up as part of one, please advise.

TEAM NAME:

**CONTACT PERSON:
TELEPHONE NUMBER:**

PLAYER #1 _____
Day Phone () _____

PLAYER #2 _____
Day Phone () _____

Name

Name

Address

Address

City/State/Zip

City/State/Zip

E-mail

E-mail

PLAYER #3 _____
Day Phone () _____

PLAYER #4 _____
Day Phone () _____

Name

Name

Address

Address

City/State/Zip

City/State/Zip

E-mail

E-mail

Please check if you would be interested in donating an item, gift certificate or raffle prize to the Silent Auction.* Sponsorship at all levels is available for both golfers, non-golfers and corporations.

Description of donated item(s), gift certificate or raffle prize:

Estimated value: \$ _____

*Sporting event tickets would be welcomed.

Please make your check(s) payable to *THE GEORGE YORKS MEMORIAL GOLF TOURNAMENT* and mail to:

Bob Myerson, Tournament Coordinator
34 Barefoot Hill Road
Sharon, MA 02067