

TEAM INFORMATION

Team Name or Sponsor: _____

Team Captain: First Name/Last Name: _____

Telephone: _____ Email: _____

Player #1: First/Last Name: _____ HCP: _____

Player #2: First/Last Name: _____ HCP: _____

Player #3: First/Last Name: _____ HCP: _____

Player #4: First/Last Name: _____ HCP: _____

PAYMENT

ENTRY FEE: \$500 PER TEAM * 4-PERSON SCRAMBLE
\$100 LIMITED HOLE SPONSORSHIPS AVAILABLE

Check: Make check payable to the American Legion and mail with this registration form to:

American Legion Post 572
PO Box 704, San Angelo, Texas 76902

Please bill my credit card: (Circle Type - Visa MC Disc Amex)
Complete and mail this form to the same address above:

Cardholder First/MI/Last Name: _____

Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address: _____

City, State, ZIP: _____

Signature: _____

VETERANS STRENGTHENING AMERICA

4th Annual Memorial Golf Tournament

 AMERICAN
LEGION

 AMERICAN
LEGION
AUXILIARY

Presented by
American Legion Smith-Bryant Post 572

18 May 2024

