

R E G I S T R A T I O N F O R M

Return this form with your payment to: Broome County Council of Churches, 3 Otseningo Street, Binghamton, NY 13903

SECTION 1: CHOOSE INDIVIDUAL, TEAM OR TYPE OF SPONSOR

Individual Name: _____ *Individual golfers: Call to request team placement.*

Team
Captain: _____ Player 2: _____
Player 3: _____ Player 4: _____

Major Sponsor **Eagle Sponsor** **Birdie Sponsor** **Tee Sponsor** # **Dinner Only**

SECTION 2: CONTACT AND PAYMENT INFORMATION

Contact Address: _____

Daytime Phone number: (_____) _____ - _____

Amount Enclosed: \$ _____ Please circle method of payment: Cash Check Credit Card

If paying by credit card, circle the type of card you will be using: VISA Mastercard

Card#: _____ Exp. Date: _____

Print Name as it appears on the card: _____

Signature: _____

