

Balch Springs Chamber of Commerce
2012 Annual Golf Tournament
Golfer's Registration Form
\$50.00 per player

Fill in all the information below.

Team Name: _____

Golfer One

First Name: _____ Last Name: _____

Company: _____

Handicap: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Golfer Two

First Name: _____ Last Name: _____

Company: _____

Handicap: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Golfer Three

First Name: _____ Last Name: _____

Company: _____

Handicap: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Golfer Four

First Name: _____ Last Name: _____

Company: _____

Handicap: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Payment Info:

*If paying by check please make check payable to **Balch Springs Chamber of Commerce** Memo: Golf Tournament
and send to: PO Box 800095, Balch Springs, Texas 75180*

(AMEX, VISA, M/C)

Credit Card No. _____ Exp. _____ Amount. \$ _____

Signature _____

For more questions on golf or sponsorship please email chamber office at 972-557-0988.

