



Owego Fallen Firefighters Memorial Golf Tournament

Team Registration Form

Fifth Annual: May 13, 2017

Team Captain (name):	
Telephone:	
Email:	
Shirt size:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> _____
Player 2 (name):	
Telephone:	
Email:	
Shirt size:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> _____
Player 3 (name):	
Telephone:	
Email:	
Shirt size:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> _____
Player 4 (name):	
Telephone:	
Email:	
Shirt size:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lrg <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> _____
Number of additional meals @ \$25 per person.	

Sponsor's name: _____

Contact person: _____

Phone number: _____

Discount

100%

50%

25%

If paid on line, payer's name: _____

Without a sponsor's discount, cost is \$320 per team, which includes the BBQ dinner for team members. Make checks payable to "OFD Fallen Firefighters Golf Tournament". Mail completed form and check to:

OFD Fallen Firefighters Golf Tournament
 Attn: Bill O'Connell
 87 North Ave
 Owego, NY 13827