

Sydney Coxon Memorial Golf Tournament

Saturday, Sept 10, 2011

noon: golfer check-in begins 1:00 pm: Shotgun start

Using PayPal to register? Please return to webpage. DO NOT use this form.

Captain (or single)

Name _____ Company _____
Address _____ City, Zip _____
Daytime phone _____ Email _____

Player #2

Name _____ Company _____
Address _____ City, Zip _____
Daytime phone _____ Email _____

Player #3

Name _____ Company _____
Address _____ City, Zip _____
Daytime phone _____ Email _____

Player #4

Name _____ Company _____
Address _____ City, Zip _____
Daytime phone _____ Email _____

Note: Golfer registration **includes** dinner.

Tournament golfer(s) _____ x \$135 = _____
Buffer dinner ONLY _____ x \$65 = _____

BEFORE AUG 27

Tournament golfer(s) _____ x \$125 = _____
Buffer dinner ONLY _____ x \$60 = _____

MAIL registration to:
Andrea Willbrandt
1910 Merrill Creek Parkway
Everett, WA 98203

or **FAX** to:
425-293-0341 attn: Andrea Willbrandt

or **EMAIL** to:
golf@in-tec.com

Payment:

____ Visa ____ Mastercard ____ Am Express
____ Check (payable to Pink Polka Dots)

Card # _____
Exp date _____
Signature _____
Name printed on card _____
Address _____
City, State, Zip _____
Phone _____