

# 2017 Golf Tournament Registration Form



**Cost:** \$100 per player

**Date:** Saturday May 6, 2017

**Time:** 7:00 am registration, 8:00 am shotgun start

**Where:** Fremont Hills Country Club

- Four Person Scramble
- Mixed Teams Welcome
- Breakfast and Coffee Provided
- Lunch Provided by Larry White

Please complete this form and return with payment.

**Mail:** 1419 S. Enterprise, Springfield, 65804

**Fax:** 417.886.4676

**Email:** admin@pjhope.org

*Questions? Call our office at 417.886.4673*

**Registration deadline is May 1, 2017, or when field is full.**

Participant (1): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Method of Payment                      Total Amount \$ \_\_\_\_\_  
 Check    Make checks payable to Project H.O.P.E.  
 Card    Check one:  Master Card     VISA    Expiration Date: \_\_\_\_\_    Number: \_\_\_\_\_

Participant (2): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Method of Payment                      Total Amount \$ \_\_\_\_\_  
 Check    Make checks payable to Project H.O.P.E.  
 Card    Check one:  Master Card     VISA    Expiration Date: \_\_\_\_\_    Number: \_\_\_\_\_

Participant (3): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Method of Payment                      Total Amount \$ \_\_\_\_\_  
 Check    Make checks payable to Project H.O.P.E.  
 Card    Check one:  Master Card     VISA    Expiration Date: \_\_\_\_\_    Number: \_\_\_\_\_

Participant (4): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Method of Payment                      Total Amount \$ \_\_\_\_\_  
 Check    Make checks payable to Project H.O.P.E.  
 Card    Check one:  Master Card     VISA    Expiration Date: \_\_\_\_\_    Number: \_\_\_\_\_