



# Golf Tournament Registration Form

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## How to Register:

If you have a team of 4 golfers, please list the individuals you wish to golf with below. Individual golfers are welcome and teams will be put together.

**\$100 per player, must be received prior to the tournament.**

## ALL GOLFERS MUST PREPAY!

NAME	EMAIL	PHONE
Golfer 1		
Golfer 2		
Golfer 3		
Golfer 4		

### PERSONAL CHECKS ONLY - MAKE PAYABLE TO NDLTCA/PAC

Please use this form as your billing invoice and send it with payment to:

**NDLTCA/PAC Golf Tournament**

**1900 N 11th Street, Bismarck, ND 58501**

**COMPLETE AND RETURN REGISTRATION FORM BY APRIL 18, 2017!**