

REGISTRATION FORM

Saturday, October 5, 2024

9:00 AM Registration - 10:00 AM Shot Gun Start

Rain Date October 6, 2024

*MUST have mailing address of each golfer

Player 1

Name: _____

Email: _____

Mailing Address: _____

Player 2

Name: _____

Email: _____

Mailing Address: _____

Player 3

Name: _____

Email: _____

Mailing Address: _____

Player 4

Name: _____

Email: _____

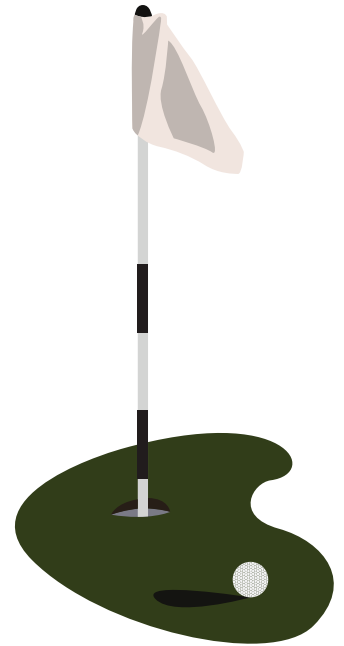
Mailing Address: _____

____ # of Rental Golf Carts needed for your team.

PAYMENT(S):

___ Golf Registration: Check(s) enclosed \$150.00 per player or \$600/foursome.

___ Celebrating Springbrook Registration: Tickets @ \$25 each. Name(s) of additional attendees:



Please make checks payable to: Springbrook Historical Golf Foundation.

Return form with payment to: SHGF - 2122 17th Ave. DeWitt, IA 52742.

Contact Troy Eden with questions at 563-357-6317 or drtroy@gmail.com

All proceeds support

Springbrook Historical Golf Foundation, a 501(c)3