



The Sports Corp Golf Tournament

Wednesday, May 17, 2017

COUNTRY CLUB OF COLORADO / CHEYENNE MOUNTAIN RESORT

7:00 am - Registration & Light Breakfast

8:00 am - Scramble with Shotgun Start



Presented by:

SINGLE ENTRY FOURSOME

TEAM NAME: _____ ORGANIZATION: _____

PLAYER 1 (CONTACT PERSON): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PH: _____ CELL PH: _____

EMAIL: _____

USGA HANDICAP INDEX OR AVERAGE SCORE: _____ POLO SIZE: _____

PLAYER 2: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PH: _____ CELL PH: _____

EMAIL: _____

USGA HANDICAP INDEX OR AVERAGE SCORE: _____ POLO SIZE: _____

PLAYER 3: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PH: _____ CELL PH: _____

EMAIL: _____

USGA HANDICAP INDEX OR AVERAGE SCORE: _____ POLO SIZE: _____

PLAYER 4: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PH: _____ CELL PH: _____

EMAIL: _____

USGA HANDICAP INDEX OR AVERAGE SCORE: _____ POLO SIZE: _____

Payment Fees: \$250 Single Entry or \$1,000 Foursome

Mulligans: _____ # of pre-purchased mulligans (may be pre-purchased at \$10 each - max of 2 per person)

Check in the amount of \$ _____
Payable to: Colorado Springs Sports Corp
1631 Mesa Avenue, Suite E
Colorado Springs, CO 80906
Fax to: (719) 634-5198
Email to: RSVP@TheSportsCorp.org
Phone: (719) 634-7333 ext. 1003

Credit Card #: _____
Visa MC AMEX
EXP Date: _____
Print Name: _____
Signature: _____