Annual Club Benefit Tournament
TEAM REGISTRATION FORM

Southbridge Savannah

Contact Information :

First Name :

Last Name :

Address :

Post Code :

Phone No :

E-Mail :

Team Information :

CHOOSE ONE:

INDIVIDUAL ($125)

FOURSOME ($500)

PLAYER 1 NAME:

PLAYER 1 HANDICAP:

PLAYER 2 NAME:

PLAYER 2 HANDICAP:

PLAYER 3 NAME:

PLAYER 3 HANDICAP:

PLAYER 4 NAME:

PLAYER 4 HANDICAP:

SIGNATURE

PRINT

DATE

Please mail and make checks payable to:
Southbridge Savannah Golf Club 415 Southbridge Blvd, Savannah, GA 31405

THANK YOU!