FOURSOME

ENTRY FORM FOR THE 29th ANNUAL 2019 SOS/ODSC FALL CHARITY GOLF TOURNAMENT

TEAM NAME (optional) _____

Golfer #1 (Main Team Contact) NAME _____

ADDRESS_____ City_____ ST _____Zip_____

Phone Number ( )_____Email Address _____

ODSC MEMBER *(Check One)*: YES _____ NO_____

Golfer #2 NAME _____

ADDRESS_____ City_____ ST _____Zip_____

Phone Number ( )_____Email Address _____

ODSC MEMBER *(Check One)*: YES _____ NO_____

Golfer #3 NAME _____

ADDRESS_____ City_____ ST _____Zip_____

Phone Number ( )_____Email Address _____

ODSC MEMBER *(Check One)*: YES _____ NO_____

Golfer #4 NAME _____

ADDRESS_____ City_____ ST _____Zip_____

Phone Number ( )_____Email Address _____

ODSC MEMBER *(Check One)*: YES _____ NO_____

Money enclosed: Entry Fee 4 X $65 ea = $ 260

ADD: MULLIGAN PACKAGE's _____ X $20 ea _____ = $_____ TOTAL $_____

Enclose payment and mail to:

Ken Meyer, 669 Covington Dr NW, Calabash, NC 28467

MAKE CHECK/MONEY ORDER PAYABLE TO: ODSC FOUNDATION

ENTRY FORMS/FEES NEED TO BE RECEIVED BEFORE SEPT. 10, 2019

Office Use only: Date received: _____By: _____Payment: Check #_____ Amt:_____ Cash:_____