

FOURSOME
ENTRY FORM FOR THE 30th ANNUAL 2021 SOS/ODSC FALL
CHARITY GOLF TOURNAMENT

TEAM NAME (optional) _____

Golfer #1 (Main Team Contact)
NAME _____

ADDRESS _____ City _____ ST _____ Zip _____

Phone Number () _____ Email Address _____

OD Shag Club MEMBER (*Check One*): YES _____ NO _____

Golfer #2
NAME _____

Phone Number () _____ Email Address _____

OD Shag Club MEMBER (*Check One*): YES _____ NO _____

Golfer #3
NAME _____

Phone Number () _____ Email Address _____

OD Shag Club MEMBER (*Check One*): YES _____ NO _____

Golfer #4
NAME _____

Phone Number () _____ Email Address _____

OD Shag Club MEMBER (*Check One*): YES _____ NO _____

Money enclosed: Entry Fee 4 X \$70ea = \$ 280
ADD: MULLIGAN PACKAGE's _____ X \$20 ea _____ = \$ _____ TOTAL \$ _____

Enclose payment and mail to:

Beth Cornwell, 620 Persimmon Lane, North Myrtle Beach, SC 29582

MAKE CHECK/MONEY ORDER PAYABLE TO: ODSC FOUNDATION
ENTRY FORMS/FEE'S NEED TO BE RECEIVED BEFORE SEPT. 1, 2021

Office Use only: Date received: _____ By: _____ Payment: Check # _____ Amt: _____ Cash: _____