



**ENTRY FORM FOR THE 33rd ANNUAL 2024 SOS/ODSC FALL
CHARITY GOLF TOURNAMENT
Sept 14th 2024**

*For single or couples entry please enter your handicap or average score. Not required for foursomes.

TEAM NAME (optional) _____

Golfer #1 (Main Team Contact)

NAME _____ Handicap _____

ADDRESS _____ City _____ ST _____ Zip _____

Phone Number () _____ Email Address _____

ODSC MEMBER (Check One): YES _____ NO _____

Golfer #2

NAME _____ Handicap _____

Phone Number () _____ Email Address _____

ODSC MEMBER (Check One): YES _____ NO _____

Golfer #3

NAME _____ Handicap _____

Phone Number () _____ Email Address _____

ODSC MEMBER (Check One): YES _____ NO _____

Golfer #4

NAME _____

Phone Number () _____ Email Address _____

ODSC MEMBER (Check One): YES _____ NO _____

Money enclosed: Entry Fee # players _____ X \$80ea _____ = \$ _____
 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/FEE'S NEED TO BE RECEIVED BEFORE SEPT. 9, 2024

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