



ENTRY FORM FOR THE 34th ODSC/SOS FALL
CHARITY GOLF TOURNAMENT
Sept 13th 2025

*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. 8, 2025

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