Registration Form

(Please register by 7/6)

**8:30am-9:00 Check-in | 9:30am Tee-of**f

Name:

Email:

Mailing Address:

Phone:

**Single Cost = $115**

**Foursome Cost = $400**

Registration Type (Choose One)

 ☐ Single ☐ Foursome

If foursome, list other participants? *(If Known)*

Name:

Email:

Phone:

Name:

Email:

Phone:

Name:

Email:

Phone:

***\*Please make checks payable to Morris Memorial***

*Please mail completed registration form to*:

Morris Memorial

PO Box 184

Chatham, NY 12037

***OR***

Email completed form to:

 Morrismemorial12037@gmail.com