



17th Annual
**Morris Memorial
Golf Tournament**
Friday July 18th

Registration Form

(Please register / submit team information by 6/30)

8:30am-9:15 Check-in | 9:30am Tee-off

Name: _____

Email: _____

Mailing Address: _____

Phone: _____

Single Cost = \$150
Foursome Cost = \$500

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