

REGISTRATION FORM

PLAYER 1

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

GHIN#/HANDICAP _____

\$25 MULLIGAN PACKAGE ADD ON YES NO

PLAYER 2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

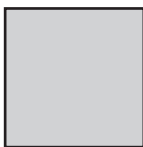
EMAIL _____

GHIN#/HANDICAP _____

\$25 MULLIGAN PACKAGE ADD ON YES NO

PLEASE NOTE:

Our entry fee includes a cart.



You can also provide this information
through the Online Registration Form at
www.sassmm.org/2025-golf-tournament

REGISTRATION FORM

PLAYER 3

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

GHIN#/HANDICAP _____

\$25 MULLIGAN PACKAGE ADD ON YES NO

PLAYER 4

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

GHIN#/HANDICAP _____

\$25 MULLIGAN PACKAGE ADD ON YES NO

Number of Players x \$100 \$ _____
Early Birdie Rate (by April 15)

Number of Players x \$125 \$ _____
Regular Rate

Number of Mulligans x \$25 \$ _____

Total: \$ _____