TEAM INFORMATION FORM

Please submit by April 3rd

SPONSOR (Company or individual) PLEASE PRINT

PLAYER 1: (CAPTAIN): _______________________ HANDICAP: _______
(MAX = 18)
EMAIL _____________________________
ADDRESS ___________________________

PLAYER 2: _____________________________ HANDICAP: _______
(MAX = 18)
EMAIL _____________________________
ADDRESS ___________________________

PLAYER 3: _____________________________ HANDICAP: _______
(MAX = 18)
EMAIL _____________________________
ADDRESS ___________________________

PLAYER 4: _____________________________ HANDICAP: _______
(MAX = 18)
EMAIL _____________________________
ADDRESS ___________________________

Please return this form to Mary Campbell
Fax: 205-348-9611
Email: mcampbell@ches.ua.edu
Mail:
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The University of Alabama
Box 870305
Tuscaloosa, AL 35487

Thank you!