



GOLF TOURNAMENT REGISTRATION FORM

Player 1

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Handicap: _____

Player 2

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Handicap: _____

Player 3

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Handicap: _____

Player 4

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: () _____

Email: _____

Handicap: _____

Your flight begins promptly at 1:00pm.

Please arrive early to check-in and plan on staying for the BBQ when you're done!

Please fax your registration to 505-881-5353 or sign up online at www.nmba.org/LinksforEducation