

Register today!

Preferred Tee Time (check one):

8 a.m. or 1:30 p.m.

Player 1/Team Captain: Please provide complete info.

Name _____

Phone (_____) _____

Address _____

City, Zip _____

Player 2 Name: _____

Address _____

City, Zip _____

Phone (_____) _____

Player 3 Name: _____

Address _____

City, Zip _____

Phone (_____) _____

Player 4 Name: _____

Address _____

City, Zip _____

Phone (_____) _____

Check all that apply:

Sponsor Level:

Amount \$ _____

Four-Person Team Entry \$600

Sponsor a priest/religious \$150

Name (optional):

Individual entry \$150

Love donation \$ _____

Total Enclosed.....\$ _____

Send entry
and check to:
BM-CC Golf Classic
P.O. Box 7565
Little Rock AR 72217-
7565

For more information,
contact Megan Moore
mmoore@dolr.org
or <http://bit.ly/ccagolf>