

Phone: (403) 545-2718

Fax: (403) 545-6260

# Mens Scramble Sept. 8th & 9th, 2018

Team Name: \_\_\_\_\_

Player's Name	Index	Member Club	tournament committee use
# 1			
# 2			
# 3			
# 4			
Paid \$ _____			
Date : _____			
(payment must accompany entry sheet)			

**Email:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Breakfast - Saturday  
Breakfast - Sunday

Yes \_\_\_\_\_  
Yes \_\_\_\_\_

No \_\_\_\_\_  
No \_\_\_\_\_

# of carts required \_\_\_\_\_

Home phone # \_\_\_\_\_

Business or cell phone # \_\_\_\_\_