



RELAY FOR LIFE



GOLF TOURNAMENT

-REGISTRATION FORM-

Cost: \$150 Per Team

Payable to American Cancer Society

Payment Due before Tee-off

*Team Captain: _____ *

Email Address: _____

* Phone Number: _____ *

Player #2: _____

Player #3: _____

Player #4: _____

** REQUIRED INFORMATION*

If you have any questions concerning registration call Tessie @ (434) 321-3750

After completing form, please fax to Tessie @ 804-323-7006.