

REGISTRATION FORM

Central Indiana IoPP Chapter- Annual Golf Scramble Friday September 6, 2019 12:00 Noon Start - Valle Vista Golf Club 755 East Main Greenwood, IN. 46143

Team Sponsor/Name: \$450 per Team Individual Golfer Single: \$120 per Person \$35 per Person **Dinner Only:** Team Name: _____ Player #1 _____ Player #2 _____ Player #3 _____ Player #4 ____ **Hole Sponsor** \$100 Minimum Company: _ Please list name the way you want printed on sign. We need your information by August 30th to guarantee you a sign. \$100 Minimum Contest Sponsor (Closest to pin, longest drive...) Please list name the way you want printed on sign. **Other Contribution** (Any amount is greatly appreciated!) **Total Amount Contributed on this Page** Please complete Primary Name: Address: Team Contact, Individual Phone #: _____ **Contract or Hole Sponsor** Email: information. Paid by Cash____ Paid by check # _____

We now offer www.PayPal.come for your convenience!

(When you use PayPal, please use email: ioppindiana@aol.com check gift or non-profit in the checkout process, Thank you)

Please make checks payable to **Central Indiana IoPP Chapter**Mail to: PO Box 532687 Indianapolis, IN 46253, Attn: Caesar Watkins
Entries can also be faxed to 317-297-1279

Questions? - Caesar Watkins 317-299-6636