



REGISTRATION FORM
Central Indiana IoPP Chapter- Annual Golf Scramble
Friday, September 16, 2016
1:00 p.m. - Valle Vista Golf Club
755 East Main Greenwood, IN. 46143

Team Sponsor/Name (the way you want it listed on leader board) **\$300.00 per Team**

Team Name: _____

Player #1 _____

Player #2 _____

Player #3 _____

Player #4 _____

Individual Golfer \$80.00
Diner Only \$25.00

Name: _____

Company: _____

_____ Golf _____ Dinner Only

Hole Sponsor **\$100 Minimum**

Please list name the way you want printed on sign. We need your information by September 06, 2013 to guarantee you a sign.

Contest Sponsor (Closest to pin, longest drive...) **\$100 Minimum**

Please list name the way you want printed on sign. We need your information by September 11, 2016 to guarantee you a sign.

Other Contribution (Any amount is greatly appreciated!) \$ _____

Total Amount Contributed on this Page \$ _____

**Please complete Primary
Team Contact, Individual
Contract or Hole Sponsor
information.**

Name: _____
Address: _____
Phone #: _____
Email: _____

Paid by Cash _____ Paid by check # _____

We now offer PayPal for your convenience!
(When you use PayPal, please use email loPPIndiana@aol.com)

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