

# GOLF TOURNAMENT

(BY MAIL)

**JULY 17, 2017**

**LAGOON PARK**

**GOLF FEE . . . . . \$40.00 PER PLAYER**

(Includes greens fee, golf cart, and cookout)

(Format will be 4-man scramble)

**TEE TIME ----- 1:00 p.m.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Sport Coaching \_\_\_\_\_

**I would like to play with the following:**

**(All players listed must be paid.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**RETURN TO:    AHSADCA  
                    Golf Tournament  
                    P. O. Box 242367  
                    Montgomery, AL 36124-2367**

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

**(Make check payable to AHSADCA)**

**DEADLINE – JULY 10**