

REGISTRATION FORM
Cancer Connection Celebrity Golf Tournament



Team/Company Name: _____
(Partial teams and individuals are welcome. We will pair to form teams.)

Contact Person: _____
Email: _____
Phone (home): _____
Phone (cell): _____

Player #1: _____
Address _____
City, ST, Zip _____
Email _____

Please circle desired shirt size:
Men's: M L XL XXL
Women's: S M L

Player #2: _____
Address _____
City, ST, Zip _____
Email _____

Please circle desired shirt size:
Men's: M L XL XXL
Women's: S M L

Player #3: _____
Address _____
City, ST, Zip _____
Email _____

Please circle desired shirt size:
Men's: M L XL XXL
Women's: S M L

Player #4: _____
Address _____
City, ST, Zip _____
Email _____

Please circle desired shirt size:
Men's: M L XL XXL
Women's: S M L

Player Fees: Individual: \$ 350 (incl. 2 banquet tickets)
Team (4 players): \$ 1,300 (incl. 8 banquet tickets)
Add'l Banquet Tickets: \$ 30 (per ticket)
Total enclosed: \$ _____

Check enclosed (payable to Cancer Connection)

Visa Master Card Discover

AmEx

Credit Card #: _____

Exp Date: _____

Name on Card: _____

Security Code: _____
(on back of card)

Send registration form & fees to:
Cancer Connection, 3710 Cedar Street, Box 11, Austin, TX 78705 or Fax: 512-477-7804