

50TH ANNIVERSARY

AL SIGL SPORTS CLASSIC GOLF REGISTRATION FORM



Monday, June 10th 2019
Midvale Country Club

NAME: _____

ADDRESS: _____

CELL NUMBER: _____

EMAIL: _____ HANDICAP: _____

FOURSOME INFORMATION:
IF HANDICAP IS UNKNOWN PLEASE ENTER 41

PLAYER 2:
NAME: _____ HANDICAP: _____

ADDRESS: _____

EMAIL: _____ CELL: _____

PLAYER 3:
NAME: _____ HANDICAP: _____

ADDRESS: _____

EMAIL: _____ CELL: _____

PLAYER 4:
NAME: _____ HANDICAP: _____

ADDRESS: _____

EMAIL: _____ CELL: _____

PLEASE INDICATE PREFERRED STARTING TIME
 MORNING 7AM AFTERNOON 12:30PM

PLEASE INDICATE FORMAT CHOICE
 STROKE PLAY SCRAMBLE

For more information visit alsigl.org
Please send this completed form by **Monday, May 13th** to
Al Sigl Community of Agencies, 1000 Elmwood Avenue, Suite 300,
Rochester, NY 14620 or clemcke@alsigl.org

Questions? Please contact Christine at **585.442.4102 x8944**



ACHIEVING MORE TOGETHER