

## Registration Form

Please print and fill in all information requested.

Team Captain \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Player 1 \_\_\_\_\_

Shirt Size: S M L XL XXL

Handicap: \_\_\_\_\_

Player 2 \_\_\_\_\_

Shirt Size: S M L XL XXL

Handicap: \_\_\_\_\_

Player 3 \_\_\_\_\_

Shirt Size: S M L XL XXL

Handicap: \_\_\_\_\_

Player 4 \_\_\_\_\_

Shirt Size: S M L XL XXL

Handicap: \_\_\_\_\_

### Sponsorship Levels

Platinum Sponsor \$5,000

Gold Sponsor \$3,000

Silver Sponsor \$1,000

Bronze Sponsor \$500

Individual Player \$150

I can't attend, enclosed  
is a gift of \$ \_\_\_\_\_

Send fee and  
Registration Form to:

**4th Annual  
"Ozzie" Osgood  
Memorial Golf Tournament**  
c/o Calvary Assembly  
1199 Clay Street  
Winter Park, FL 32789

(See Enclosed Envelope)

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