

2024 Fall 6-6-6 Registration Form

September 29th, 2024 9:00AM

Player 1: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cash Check Charge
Card # _____ Exp: _____

Player 2: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cash Check Charge
Card # _____ Exp: _____

Player 3: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cash Check Charge
Card # _____ Exp: _____

Player 4: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cash Check Charge
Card # _____ Exp: _____

_____ \$50.00 per Player
_____ \$25.00 per Member

Total Enclosed/Charge to card or Acct. _____
