

FOURSOME OR INDIVIDUAL PLAYER INFORMATION

PLEASE FAX BACK BY _____: 212-373-8254

Captain _____

Address _____

City _____ State _____ Zip _____

Day phone _____ E-mail _____

Handicap _____

Player #2 _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Handicap _____

Player #3 _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Handicap _____

Player #4 _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ E-mail _____

Handicap _____