



# Golf Scramble 2018

## Registration Form

### **Night "Glow" Golf**

#### **Player Registration:**

Name (Team Leader) \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address, City, State \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

#### **Team Players:**

# 1) \_\_\_\_\_ Email \_\_\_\_\_

# 2) \_\_\_\_\_ Email \_\_\_\_\_

# 3) \_\_\_\_\_ Email \_\_\_\_\_

# 4) \_\_\_\_\_ Email \_\_\_\_\_

#### **Payment Information**

Please make checks payable to:

CASA of Madison County

PO Box 634

Richmond, KY 40476

Please call our office at (859) 624-4794 for credit card payments or pay online at

[www.madisoncasa.org](http://www.madisoncasa.org).

***Please give this registration form to a board member, or email to [forthechild@madisoncasa.org](mailto:forthechild@madisoncasa.org) by Friday, September 7<sup>th</sup>.***

#### **Dinner Only Registration:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Tickets Needed: \_\_\_\_\_