



REGISTRATION FORM

Saturday, June 6th, 2020

Presented by:

Business or Player Name: _____
Address _____ City/State/Zip: _____
Email: _____ Phone: _____ Contact Person: _____

MasterCard Visa Discover American Express

Card# _____

Exp: _____ 3 or 4 digit security code: _____

Check (payable to Windham Academy Public Charter School)

I would like to sponsor the tournament. Sponsor Level: _____ \$ _____
 I would like to register as a single golfer @\$150 (includes Action Package) \$ _____
 I would like to register my foursome @ \$600 (includes Action Packages) \$ _____
 I would like to register for dinner only @ \$35 \$ _____
Total \$ _____

My foursome will include the following:

Team Captain _____ Telephone _____
Address _____ City/State/Zip: _____
Email Address: _____

Player 2 _____ Telephone _____
Address _____ City/State/Zip: _____
Email Address: _____

Player 3 _____ Telephone _____
Address _____ City/State/Zip: _____
Email Address: _____

Player 4 _____ Telephone _____
Address _____ City/State/Zip: _____
Email Address: _____

I will forward my foursome names by 5/22/2020 OR Please put me/us with other single players for a foursome. Please send this form to Kim Golden at the Windham Academy main office, 1 Industrial Drive, Windham, NH 03087 or email to windhamacademycharter@gmail.com