



GOLF TOURNAMENT

\$500 TEAM REGISTRATION

PLEASE MAKE CHECK PAYABLE TO LENNARD CONSTRUCTION & REMODELING
PROCEEDS BENEFIT HOLY ANGELS

TEAM CAPTAIN'S NAME: _____

HANDICAP: _____

EMAIL: _____ PHONE: (____) _____

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLAYER #2 NAME: _____

HANDICAP: _____

PLAYER #3 NAME: _____

HANDICAP: _____

PLAYER #4 NAME: _____

HANDICAP: _____

SUBMIT PAPER REGISTRATION & CHECK TO **CHRIS HARMON**
AT **CHRIS.HARMON@ALLYREALESTATE.COM**

FOR MORE INFO CALL **CHRIS HARMON** AT 318-218-3407