

16TH ANNUAL SCHOLARSHIP GOLF TOURNAMENT

To assist the Tournament Committee in communicating with all members of your foursome, please complete this form and provide all information wherever possible.
THANK YOU!

1. Captain's Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Home Course: _____ Current Handicap: _____

_____ Please assign me to a team

_____ I will not be able to participate, but enclosed is a personal donation for the Logan Airport Association Scholarship Fund. \$ _____

_____ Enclosed is my check payable to the Logan Airport Association for \$150.00 per player as named on this reservation form.

_____ I will not be able to attend the dinner

_____ If you would like to bring a guest(s) to the awards dinner, the cost will be \$45 per person.

Enclosed is a check payable to the Logan Airport Association for dinner guest reservations for _____ persons at \$45 per person.

Dinner guests names: _____

2. Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Home Course: _____ Current Handicap: _____

3. Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Home Course: _____ Current Handicap: _____

4. Name: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Home Course: _____ Current Handicap: _____