

Registration Form

Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____

PLEASE LIST OTHER PLAYERS IN YOUR GROUP

Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____

Name: _____ Age: _____

Address: _____

Phone: _____

Email: _____

Please return with \$175 (per person) to:

Camp Spofford
PO Box 162
Spofford, NH 03462

Sign up as foursomes if possible.
Please check the Golf Classic web page for confirmation
of your registration.