

Special Wish Child, Inc.

4-Person Golf Team

\$600/team or \$150/person

	Player 1	Player 2
Name:		
Address:		
City:		
State/Zip:		
Phone:		
Email:		
Handicap:		

	Player 3	Player 4
Name:		
Address:		
City:		
State/Zip:		
Phone:		
Email:		
Handicap:		

Limited to the first 20, four-person teams. Teams are low gross and low net.

Team Captains: Please fax the team roster when your team is complete. If you need extra players, we will help fill your team. If you are a single/double, etc., please fax your information so we can place you on a team.

Contact information:

Paul Douglas
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Special Wish Child, Inc.
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Thank you in advance for your participation!