

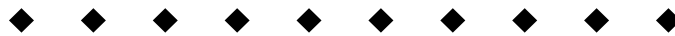
# 3rd Annual Edward Crew Memorial Golf Tournament

Saturday, November 9th, 10:00 AM  
At Bowden Golf Course

Cost: \$50 per person or \$200 per 4-person team (*cost includes cart fees, green fees, and lunch*)

To register for this event, complete the form below or visit [www.cgcasa.org](http://www.cgcasa.org) for more details.

Registration deadline is 5:00 PM on Monday, November 4, 2013



Player #1 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Handicap/Average Score: \_\_\_\_\_

Player #2 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Handicap/Average Score: \_\_\_\_\_

Player #3 Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Handicap/Average Score: \_\_\_\_\_

Player #4 Name: \_\_\_\_\_

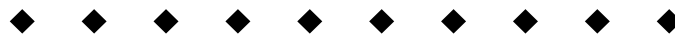
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Handicap/Average Score: \_\_\_\_\_



**Payment Options:**  My check, payable to Central Georgia CASA, is enclosed.

Please bill my credit card for \$\_\_\_\_\_.

If using a credit card, please provide the following details:

\_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmEx

Card No. \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If paying by credit card you may fax (478-238-6320) or email your reply to our office.

If replying by mail, please submit completed form and payment to:

Central Georgia CASA  
640 Plum Street, Suite 203  
Macon, GA 31204

