



# 2011 OACF Memphis Golf Tournament & Silent Auction

## *Foursome Registration*

*Player 1*

Name		Handicap (if known)	
Street Address	City	State	Zip Code
Email	Home Phone	Cell Phone	

*Player 2*

Name		Handicap (if known)	
Street Address	City	State	Zip Code
Email	Home Phone	Cell Phone	

*Player 3*

Name		Handicap (if known)	
Street Address	City	State	Zip Code
Email	Home Phone	Cell Phone	

*Player 4*

Name		Handicap (if known)	
Street Address	City	State	Zip Code
Email	Home Phone	Cell Phone	

Payment Options:     Check included (\$100/golfer or \$400/foursome)     I/We will pay at registration

Return completed form to:  
Open Arms Care  
Attn: Amanda Schneider  
5120 Yale Road, Memphis, TN 38134  
Fax: (901) 371-0572

For more information contact  
Amanda Schneider  
901.371.9774  
aschneider@openarmscare.org