

Name:

City:

Street Address:

Contact Person:



2024 Golf Tournament Entry Form

September 9, 2024

Zip Code:

State:

Phone Number:				Date:]
Signature:						
F						
Email:						
		Please select your preferred tee time:				
		o Morning:	Check in 7:00 am	Shotgun 8:00	am	
		Afternoon:	Check in 12:00 pm	Shotgun 1:00	pm	
		Cost per Individual G	olfer: \$150 Cost	per Foursome: \$5	500	
Item	Quantity	Sponsorship Package and/or Foursome Names			s	Amount
	1	Please see Spon	sorship Page for packages	s and pricing		
			1 0 1 1 0	, ,		
İ					TOTAL DUE:	

Please contact Vicki Azlin for more information at 901-695-1350

Please submit all entries to: EMAIL: azlin@alphaomegaveterans.org or FAX: 901-726-6882

Please make payments via website: alphaomegaveterasnservices.org

or mail directly to: 3114 Jackson Avenue, Memphis, TN 38112