

Registration Form

Business Name _____

Name _____

Address _____

City, State & Zip _____

Phone _____

Email _____

_____ Enclosed \$75 Per Person

_____ Enclosed \$300 Per Team

_____ Enclosed \$50 for Hole Sponsorship

_____ I would like to be a Tournament Volunteer

Players in Foursome:

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

Please make check payable to: **Hillsboro Chamber of Commerce.**

Mail registration to:

Matt Woods, State Farm Insurance

P.O. Box 49

Hillsboro, MO 63050

Deadline for registration is October 5, 2020

For more information please contact Matt Woods at 636-789-3532

