



Cystic Fibrosis Foundation Golf & Bowl Tournament

Sunday, August 22, 2010

10:00 AM Scramble Start at Bowling Acres

| | |
|------------------|---------------------|
| Team Name: _____ | |
| Name: _____ | Phone Number: _____ |
| Name: _____ | Phone Number: _____ |
| Name: _____ | Phone Number: _____ |
| Name: _____ | Phone Number: _____ |

MAKE CHECKS PAYABLE TO BOWLING ACRES



Name

Address

Phone

Detach and include with payment and applicable artwork

| | |
|---------------------------------------|----------|
| Sign up for: | Price |
| <input type="checkbox"/> Team Entry | \$240.00 |
| <input type="checkbox"/> Single Entry | \$60.00 |

Method of Payment

Cash Visa

Check MasterCard

Credit Card # _____
Exp. date

Signature

Subtotal: _____

Total: _____