

REGISTRATION FORM

Team #1

Player #1: _____ Player #2: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
Handicap: _____ or Best Score: _____ Handicap: _____ or Best Score: _____

Team #2

Player #1: _____ Player #2: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
Handicap: _____ or Best Score: _____ Handicap: _____ or Best Score: _____

Please check here if you would like us to pair you with a partner _____

Credit Card Information:

Card Number CSC Code Expiration Date

Name on Card Billing Address

Card Number CSC Code Expiration Date

Name on Card Billing Address

Team Registration Checks Payable to:
Berthoud Area Chamber of Commerce

Mail Completed Form to: Berthoud Area Chamber of Commerce
PO Box 1709
Berthoud, CO 80513