

# 2017 Faith Chapel Annual Golf Outing Registration Form For a Team of 4 Golfers

Captains please **complete** this form in its entirety; so that we do not need to get this information on the day of the Golf Outing).

1. \_\_\_\_\_

Team Captain's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell or Landline Phone Number (please specify)

\_\_\_\_\_  
Email Address

3. \_\_\_\_\_

Team Member's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell or Landline Phone Number (please specify)

\_\_\_\_\_  
Email Address

2. \_\_\_\_\_

Team Member's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell or Landline Phone Number (please specify)

\_\_\_\_\_  
Email Address

4. \_\_\_\_\_

Team Member's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cell or Landline Phone Number (please specify)

\_\_\_\_\_  
Email Address

Total money remitted with this team registration form: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Dated: \_\_\_\_\_

**Team Captains are responsible for collecting their teams' registration fees**  
**Captain**, please make checks payable to Faith Chapel and mail with this form to:

Golf Outing Coordinator  
Faith Chapel  
1453 Holly Pike  
Carlisle, PA 17015