

# 2023 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