

TIM KORMANN MEMORIAL GOLF TOURNAMENT 2018 REGISTRATION

Team/Individual Registration Form:  
Yellow Jackets Gymnastics Golf Tournament 2018

Player 1 Name: _____	Player 2 Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Shirt Size _____	Shirt Size _____

Individual Payment Options: Check (Payable to Gymnastics Association of Danvers)	Individual Payment Options: Check (Payable to Gymnastics Association of Danvers)
Credit Card#: _____ Exp.: _____	Credit Card#: _____ Exp.: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Security Code: _____	Security Code: _____

Player 3 Name: _____	Player 4 Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Shirt Size _____	Shirt Size _____

Individual Payment Options: Check (Payable to Gymnastics Association of Danvers)	Individual Payment Options: Check (Payable to Gymnastics Association of Danvers)
Credit Card#: _____ Exp.: _____	Credit Card#: _____ Exp.: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Security Code: _____	Security Code: _____

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**Team Payment**

\$175 x \_\_\_\_ Number of Players (Please make checks payable to Gymnastics Association of Danvers or provide:)

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to Jessica Moreira

Email: [jessica@applauseeventplanning.com](mailto:jessica@applauseeventplanning.com)

Mail: Yellow Jackets Gymnastics c/o Golf Tournament

PO Box 496

Middleton, MA 01949

Confirmation of your registration will be emailed to you upon receipt and payment processing.

Thank you for your support!