

Patriot Day Golf Tournament Entry Form

Please select shotgun preference

FRI. _____

SAT. _____

MON. _____

Golfer #1 _____ Male _____ Female _____ HANDICAP _____

Address: _____ EMAIL: _____

City: _____ ST: _____ Zip: _____ Phone #: _____

Golfer #2 _____ Male _____ Female _____ HANDICAP _____

Address: _____ EMAIL: _____

City: _____ ST: _____ Zip: _____ Phone #: _____

Golfer #3 _____ Male _____ Female _____ HANDICAP _____

Address: _____ EMAIL: _____

City: _____ ST: _____ Zip: _____ Phone #: _____

Golfer #4 _____ Male _____ Female _____ HANDICAP _____

Address: _____ EMAIL: _____

City: _____ ST: _____ Zip: _____ Phone #: _____

Entry Fee \$37 Non Military or \$25 Military

TOTAL ENCLOSED \$ _____

Mail Entry & Check Payable to Lake Marion Golf Course To:

Lake Marion Golf Course, ATTN: Patriot Day Golf, PO Box 160, Santee, SC 29142