

CRMC FOUNDATION

BILL READ

G O L F C L A S S I C 

August 28, 2021 Team Entry Form

Please return completed form(s) to: CRMC Foundation Office by August 6, 2021

Player Information:

Team Captain or Sponsor: _____

PLAYER 1 (Captain)

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 3

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 2

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

PLAYER 4

Name: _____

Address: _____

Phone: _____

Email: _____

Shirt Size (circle one): S M L XL XXL XXXL XXXXL

Payment Information:

Number of Players _____x\$75 each \$ _____

Mulligans \$10 each, (\$20 ea day of tournament) \$ _____

Games on Hole 1, 12, 5, 10, 16 @ \$100/team \$ _____

(\$140 day of the tournament)

Need _____ Golf Carts \$70/each \$ _____

Golf Ball Drop 1 ball \$5 \$ _____

5 balls \$20 \$ _____

Dozen balls \$50 \$ _____

TOTAL AMOUNT \$ _____

Payment Method:

Check (made payable to CRMC Foundation)

Credit Card:

Card Holder Name (please print): _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Registration and payment can be mailed to:

CRMC Foundation

1400 W. 4th St. Coffeyville, KS 67337

Payments are also accepted online - www.crmcinc.org/foundation/bill-read-golf-tournament/

Please contact Lisa Kuehn, 620-252-1674 or foundation@crmccinc.org, if you wish to make a donation.