

PLAYER REGISTRATION FORM

Presenting Sponsor

SPONSOR NAME: _____

PLAYER #1

Name: _____

Company: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Handicap/Index (or average of last five scores): _____ Shirt Size: S M L XL XXL Shoe Size: _____

Dietary Restrictions/Allergies: _____

PLAYER #2

Name: _____

Company: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Handicap/Index (or average of last five scores): _____ Shirt Size: S M L XL XXL Shoe Size: _____

Dietary Restrictions/Allergies: _____

PLAYER #3

Name: _____

Company: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Handicap/Index (or average of last five scores): _____ Shirt Size: S M L XL XXL Shoe Size: _____

Dietary Restrictions/Allergies: _____

PLAYER #4

Name: _____

Company: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Handicap/Index (or average of last five scores): _____ Shirt Size: S M L XL XXL Shoe Size: _____

Dietary Restrictions/Allergies: _____

Registration Deadline is May 11, 2018

Registration forms may be returned by email, fax, posted mail or submitted online at: www.jaconn.org

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