

HSF Golf Tour 2011
Team Registration Form – Taos Charity Golf Tournament
June 2-4, 2011

Company/Team Name: _____

Address: _____ **Day Phone:** _____

City: _____ **State:** _____ **ZIP:** _____ **E-mail:** _____

Player List:

Player #1: _____ **Handicap:** _____ **Shirt Size:** _____

Company: _____ **Day Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **ZIP:** _____ **E-mail:** _____

Player #2: _____ **Handicap:** _____ **Shirt Size:** _____

Company: _____ **Day Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **ZIP:** _____ **E-mail:** _____

Player #3: _____ **Handicap:** _____ **Shirt Size:** _____

Company: _____ **Day Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **ZIP:** _____ **E-mail:** _____

Player #4: _____ **Handicap:** _____ **Shirt Size:** _____

Company: _____ **Day Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **ZIP:** _____ **E-mail:** _____

Please Fax to Erma Sanchez at 342-3524 .