

REGISTRATION FORM

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Shirt size circle one

small medium large X-large XX-large

Amount Enclosed _____

Please charge \$ _____ to my Credit Card:

VISA Master Card American Express

Account No. _____ Exp. Date _____

Account Name _____

Signature _____

Golf List

List Each Player's Name

1. _____

2. _____

3. _____

4. _____

Handicap

Player 1. _____

Player 2. _____

Player 3. _____

Player 4. _____

Make checks payable to HU Golf Scholarship Classic

Please mail your entry form and payment to:

Howard University Golf Scholarship Classic

2225 Georgia Avenue N.W., Suite 829; Washington, DC 20059

