

2017 JMHS WRESTLING GOLF OUTING REGISTRATION FORM



Name		
Address		
City:	State:	Zip:
Phone:		
Email:		

Golf Tournament @ \$100/golfer (includes lunch, dessert & beverages) _____ Total Golfers

Name of Golfer 1:	Shirt Size:
Name of Golfer 2:	Shirt Size
Name of Golfer 3:	Shirt Size
Name of Golfer 4:	Shirt Size

BBQ Lunch/Gift Auction Only @ \$10 per person _____

Hole Sign Sponsor @ \$100 per sign _____

Description for Sign:

Completed registration forms and payment should be mailed to:
Checks should be made payable to JMHS Wrestling BC.

Kristine Christie
18 Harvard West Drive
Jackson, NJ 08527