THE DIANE L. NAPPIER SHEHAN WOMEN'S GOLF CLASSIC

Revised Registration Form

Name of Player 1

Street City State Zip Email Phone number Handicap Name of Player 2 Street City State Zip Email Handicap Phone number Name of Player 3 Street City State Email Handicap Phone number Name of Player 4 Street State City Zip Email Handicap Phone number

THE DIANE L. NAPPIER SHEHAN WOMEN'S GOLF CLASSIC

Revised Registration Form

Name of Player 1				
Street				
City	State	Zip		
Email				
Phone number	Н	andicap		
Name of Player 2				
Street				
City	State	Zip		
Email				
Phone number	Н	Handicap		
Name of Player 3				
Street				
City	State	Zip		
Email				
Phone number	H	landicap		
Name of Player 4				
Street				
City	State	Zip		
Email				
Phone number	Н	Handicap		

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Street				
City	State	Zip		
Email				
Phone number	H	landicap		
Name of Player 4				
Street				
City	State	Zip		
Email				
Phone number	Н	Handicap		

THE DIANE L. NAPPIER SHEHAN WOMEN'S GOLF CLASSIC

Choose a play option for all players listed on reverse side:

Г	19-H	ın	Δ۱	+	C	lin	ic
		w	16	т			ш

Registration: 11:00 Lunch: 12:15 Clinic: 11:15 Tee Off: 1:00

☐ 18-Hole

Registration & breakfast: 9:00 Shot Gun Tee Off: 11:00

Lunch on the course: Starting at 12:00

Cost per player: \$300.00

Total enclosed:

Method of Payment:

☐ Check: Payable to Cardinal Shehan Center

\$

	Credit	Card:	Visa,	MasterCard,	AmEx
--	--------	-------	-------	-------------	-------------

Name on credit card

Street

City State Zip

Credit Card #

CV Code Exp. Date

Signature

Mail to 1494 Main St., Bridgeport, CT 06604

For more information or to pay by phone, please call (203)336-4468.

Your donation is tax deductible in accordance with IRS regulations.



THE DIANE L. NAPPIER SHEHAN WOMEN'S GOLF CLASSIC

Choose a play option for all players listed on reverse side:

☐ 9-Hole + Clinic

Registration: 11:00 Lunch: 12:15 Clinic: 11:15 Tee Off: 1:00

☐ 18-Hole

Registration & breakfast: 9:00 Shot Gun Tee Off: 11:00

Lunch on the course: Starting at 12:00

Cost per player: \$300.00

Total enclosed:

Method of Payment:

☐ Check: Payable to Cardinal Shehan Center

☐ Credit Card: Visa, MasterCard, AmEx

Name on credit card

State

Credit Card #

Street

City

CV Code Exp. Date

Signature

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\$

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