



Columbia Inferno Booster Club
Charity Golf Tournament

Sponsoring

Palmetto Health Children's Hospital

Camp Wonder Hands

Monday, March 17, 2008

REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Sponsorship Level: _____

Company / Individual Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

{Please Note: We Must Have A Phone & Email Contact For All Golfers.}

Golfer's Name: _____ Phone: _____

Email Address: _____

Golfer's Name: _____ Phone: _____

Email Address: _____

Golfer's Name: _____ Phone: _____

Email Address: _____

Late Tournament Entry Date: Friday, March 7, 2008

Make Checks Payable to:

Columbia Inferno Booster Club ~ P.O. Box 2168
Columbia, S.C. 29202

For more information contact:

Don Van Borsch, Event Coordinator
803-446-1639 Hm / 803-794-0199 Fax
dvanborsch@hotmail.com

