

• SWING • FORE

A CHILD'S PLACE GOLF TOURNAMENT

OCTOBER 14, 2019 : NOON TEE OFF

Tournament Player & Team Registration

Contact Information:

Name		Company/Team Name	
Phone Number		Email Address	
Street Address	City	State	Zip
Signature	Date	Print Name	

Select your registration type:

FOURSOME TEAM \$1,000

	HANDICAP
Player 1	_____
Player 2	_____
Player 3	_____
Player 4	_____

INDIVIDUAL PLAYER \$250

All individual players will be assigned to teams on the day of the event.

MAKE A DONATION

Amount (\$) _____

Each player registration includes: Golf tournament, lunch before golf, heavy hors d'oeuvres after golf and prizes.

Please make checks payable to:

A Child's Place with "Swing Fore Golf Tournament" in the memo line.

Mail completed form to:

Swing Fore A Child's Place Golf Tournament
c/o Curt & Jennifer Sidden, 1021 Hudson Place, Davidson, NC 28036

For more information about the tournament or if you have questions contact:

Curt Sidden curt.sidden@acceptance.com 704.564.7425 or

Jay Brinkley james.brinkley@wellsfargo.com 704.287.4938



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