



Clearwater Travel Plaza

GOLF

for Hope

September 13, 2019

Registration Form

Register your team for play in the tournament by returning this completed form.

Email to: wendyj@clearwatertravelplaza.com or

Mail to: CTP/Attn Wendy J., P.O. Box 8, Clearwater MN 55320.

All registrations must be received by September 6th.

Team Name: _____

Contact Name: _____ Phone #: _____

Player Names: _____

ENTRY FEE: \$60 per player, includes 18 holes of golf & cart

TOURNEY TIME: Team Sign-In @ 9:00 am

Play begins @ 10:00 am

Meal to follow at Nelson Bros. Restaurant & Pub