

## Golf Classic Registration

\*\*Team Captain \_\_\_\_\_ Handicap or avg 18 hole score \_\_\_\_\_

Company Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email \_\_\_\_\_

\*Player #2 \_\_\_\_\_ Handicap or avg 18 hole score \_\_\_\_\_

Company Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email \_\_\_\_\_

\*Player #3 \_\_\_\_\_ Handicap or avg 18 hole score \_\_\_\_\_

Company Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email \_\_\_\_\_

\*Player #4 \_\_\_\_\_ Handicap or avg 18 hole score \_\_\_\_\_

Company Name \_\_\_\_\_ \*Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Email \_\_\_\_\_

Please return completed form to:  
Columbia Corridor Association  
PO Box 55651  
Portland OR 97238  
FAX (503) 287-0223

\*Names, email addresses, handicaps and phone numbers are required.

\*\*Team captain will be the main contact person for all details regarding the tournament.