



*Italian Cultural Center
of
Western Massachusetts, Inc.*



Italian Cultural Center 6th Annual Golf Tournament

Saturday July 15, 2017

Registration Form

Name of Company or Team: _____

Captain: _____

Email: _____

Phone: _____

Other 3 players on your team:

Name: _____

Name: _____

Name: _____

Registration Form must be accompanied by a check for the full amount:

\$125.00 per Player = \$500.00 in Total

Please return registration form and check by July 7, 2017

Please make check payable to: Italian Cultural Center

Mail completed registration and check to:

Italian Cultural Center
Attn: Golf Tournament
56 Margaret St
Springfield MA 01105