



*Italian Cultural Center
of
Western Massachusetts, Inc.*



Italian Cultural Center 7th Annual Golf Tournament

Saturday June 23, 2018

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:

\$130.00 per Player = \$520.00 in Total

Please return registration form and check by June 15, 2018

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