District Two Golf Tournament Registration Form

Name:	Membership #:	
Address:		
City:	State:	Zip Code:
Phone #:	Email Address:	
Lodge Name:	•	itional Info closer to Tournament) odge #: <u>2</u>
Teammate Preference (if ap	plicable – each person mus	t fill out own registration form):
Banquet following Golf at Su		luded in price of Tournament.

Please fill out and return registration form by July 15, 2024. No refunds or registrations after July 15. The Golf course needs a firm number.

Bothell Sons of Norway Attn: Golf Tournament PO BOX 492 Bothell WA 98041

With a check made payable to: District 2 Golf Tournament

More information will be emailed once registration is paid.