

District Two Golf Tournament Registration Form

Name: _____ Membership #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____
(We'll send additional info closer to event)

Lodge Name: _____ Lodge #: _____

Teammate Preference (if applicable – each person must fill out own registration form):

Banquet following (Included in price of Tournament)

Please fill out and return registration form by August 1, 2026.
Icicle Golf Course needs a number from us, no later than August 1, 2026,

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

Check made payable to: **Sons of Norway**

More information will be emailed once registration is paid.