



PLAYER 1

Name _____
Handicap _____
Address _____
City _____ State ____ Zip _____
Phone _____
Cart Caddie
Email _____

PLAYER 2

Name _____
Handicap _____
Address _____
City _____ State ____ Zip _____
Phone _____
Cart Caddie
Email _____

PLAYER 3

Name _____
Handicap _____
Address _____
City _____ State ____ Zip _____
Phone _____
Cart Caddie
Email _____

PLAYER 4

Name _____
Handicap _____
Address _____
City _____ State ____ Zip _____
Phone _____
Cart Caddie
Email _____

Please mail this registration form and check payable to the:

1889 Foundation, 4 Valley Pike
Johnstown, PA 15905

For more information please
contact dcostlow@1889foundation.org

Must provide handicap. Limited to 120
golfers. Soft spikes only. Proper golf
attire. Prizes subject to change. Some
portion tax-deductible.