

PLAYER 1

PLAYER 2

PLAYER 4

Name	ľ
Handicap	F
Address	A
City State Zip	C
Phone	F
Cart 🗌 Caddie 🗌	C
Email	E

Name	
Handicap	
Address	
City	
Phone	
Cart 🗌 Caddie	
Email	

PLAYER 3

Name	Name	
Handicap	Handicap	
Address	Address	
City State Zip	City State Zip	
Phone	Phone	
Cart 🗌 Caddie 🗌	Cart 🗌 Caddie 🗌	
Email	Email	

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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

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