



25th Annual Sharyn Woods Memorial Golf Tournament

Monday, April 30, 2018

Seven Oaks Country Club

Team/Player Registration



Please return form no later than March 28, 2018

to the Links for Life office

FAX: 661-322-5655 or email staff@linksforlife.org

Preferred Tee Time: 7:30 am or 1:00 pm

You will be contacted before the event to confirm tee time

Player Name _____	Phone: _____	
Address: _____	Email: _____	
SCGA (GHIN) #: _____	Index or Handicap: I= _____ or H= _____	
Home Course: _____	I will be attending the Gala <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Guests: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Gala Guest Name 1: _____	Gala Guest Name 2: _____	
Vegetarian Meal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vegetarian Meal: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Player Name _____	Phone: _____	
Address: _____	Email: _____	
SCGA (GHIN) #: _____	Index or Handicap: I= _____ or H= _____	
Home Course: _____	I will be attending the Gala <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Guests: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Gala Guest Name 1: _____	Gala Guest Name 2: _____	
Vegetarian Meal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vegetarian Meal: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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