

Golf Event Foursome Registration

Team Name: _____

Golfer 1 Name: _____ Golfer 1 Email: _____

Golfer 2 Name: _____ Golfer 2 Email: _____

Golfer 3 Name: _____ Golfer 3 Email: _____

Golfer 4 Name: _____ Golfer 4 Email: _____

Buyer name _____

Address _____

City _____ State _____ Zip _____

BILLING INFORMATION:

___ Check payable to **R2RCNY** for \$400 enclosed

Foursome Tickets are NON-REFUNDABLE

Please complete & return Registration Form and check to:

R2RCNY C/O Colleen Buxton
8132 Ashery Lane
Cicero, NY 13039

Questions? Please email Colleen Buxton at r2rcnycb@gmail.com
or call or text (315) 450-8720.

