



Team Name: _____

Team Captain: _____



**BINGHAMTON DEVILS CHARITY GOLF TOURNAMENT
MONDAY OCTOBER 8, 2018**

LINKS AT HIAWATHA LANDING – 2350 MARSHLAND ROAD, APALACHIN, NY

Golfer #1: _____

Phone: _____ Email: _____

Home Mailing Address: _____

Golfer #2: _____

Phone: _____ Email: _____

Home Mailing Address: _____

Golfer #3: _____

Phone: _____ Email: _____

Home Mailing Address: _____

Golfer #4: _____

Phone: _____ Email: _____

Home Mailing Address: _____

\$800.00 PER TEAM

**** registration includes 20 vouchers good for a 2018-2019 regular season Binghamton Devils Game****

Additional Sponsorship opportunities available

Contact *Shari Caudell* for more information scaudell@achieveny.org (607) 231.5217

Payment Method:

1) _____ Check enclosed (payable to ACHIEVE)

2) _____ Credit Card: ___ Visa ___ M/C ___ Disc

_____ Exp. ____/____ CVC _____ (Found on back of card)

Name on card: _____ Signature: _____

Billing Address: _____



Save a stamp – register online at www.achieveny.org

For questions please contact Shari Caudell at 607.231.5217 or scaudell@achieveny.org.

Please complete this registration form and return it with your payment (checks made payable to ACHIEVE) to:
ACHIEVE, Attention: Devils Golf Tournament, 125 Cutler Pond Road, Binghamton, NY 13905