

6TH ANNUAL HEIDI AND TOM ALLISION MEMORIAL GOLF OUTING

SATURDAY MAY 11, 2024 . MEADOW LANE GOLF COURSE . 510 HAMILL ROAD, INDIANA PA

REGISTRATION FORM

Contact

Name: _____

Address: _____

Phone: _____ Email: _____

Tee Time Preference: ___ AM ___ PM (first paid, first reserved)

Golfer Information

GOLFER #1 (TEAM CAPTAIN)

Name: _____ Cell: _____ Email: _____

Will this player will be attending the bonfire: ___YES ___NO

GOLFER #2

Name: _____ Cell: _____ Email: _____

Will this player will be attending the bonfire: ___YES ___NO

GOLFER #3

Name: _____ Cell: _____ Email: _____

Will this player will be attending the bonfire: ___YES ___NO

GOLFER #4

Name: _____ Cell: _____ Email: _____

Will this player will be attending the bonfire: ___YES ___NO

Payment

Total Golfers _____ x \$80 = \$ _____ (\$320 Per Foursome)

Cannot attend but would like to make a donation: \$ _____

Total amount enclosed: \$ _____

Please make checks payable to "ICTC Heidi Allison Character Award".
Mail check and completed Registration form to:

ICTC
ATTN: Cathy Jones
441 Hammil Road
Indiana, PA 15701