

**24th Annual American Red Cross Golf Scramble
April 17, 2010 (rain date April 24, 2010) 8 AM shotgun start
Registration Form**

Team Captain _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Telephone _____ **email** _____

*****Starting Hole Choice (1st)** _____ **(2nd)** _____ **(3rd)** _____

(If you do not designate, one will be assigned to you.)

Team Member _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Telephone _____ **email** _____

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\$240 non-refundable, registration fee must accompany this registration form

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