



The Annual Dr. John C. Kerce
Memorial Golf Scramble

REGISTRATION FORM (Oct. 4, 2008)

Please return with payment.

Name

Telephone Number

1. _____

Address _____

Handicap or Average Score for 18 Holes _____

2. _____

Address _____

Handicap or Average Score for 18 Holes _____

3. _____

Address _____

Handicap or Average Score for 18 Holes _____

4. _____

Address _____

Handicap or Average Score for 18 Holes _____