

## TEAM REGISTRATION

Player 1 \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_

Player 2 \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Handicap \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_

### HOLE SPONSOR

We would like to sponsor a hole.

Hole Sponsor Sign should read: \_\_\_\_\_

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(Name of Individual or Company)

\$150.00/Team \_\_\_\_\_ \$100.00/Hole Sponsorship \_\_\_\_\_

DO BOTH (Team & Sponsorship) for \$200.00 \_\_\_\_\_

Make checks payable to The B. C. Crowell Scholarship  
Golf Tournament

PLEASE FILL OUT & RETURN TO:  
Newton County Recreation Commission  
6161 Turner Lake Road NW  
Covington, GA 30014  
Attn: Kale Curtis

QUESTIONS?  
Contact Kale – 770-786-4373 ext. 1017