
FAMBUS REGISTRATION

TEAM NAME: _____

PLAYER 1: _____ SFA# _____

Cell Phone Number:

Email Address:

Organization Affiliated with:

PLAYER 2: _____ SFA# _____

Cell Phone Number:

Email Address:

Organization Affiliated with:

PLAYER 3: _____ SFA# _____

Cell Phone Number:

Email Address:

Organization Affiliated with:

PLAYER 4: _____ SFA# _____

Cell Phone Number:

Email Address:

Organization Affiliated with:

I understand that there are limited spots for the golf tournament and that registration is not guaranteed until I have paid the fees. There are no refunds for the FAMBUS Golf Tournament. This event benefits members of 7th SFG(A) and their families.

11 May , 2018

0700 Final Registration

0800 Shotgun Start (T-Off)

Payment Information

\$60 per person for SFA Members. (SFA# will be verified during registration.)

or

\$80 per person for Non-Members. (Non-members can apply for membership at <http://www.sfa7.com/membership/>)

Paid On-line: (Please include payment receipt/email)

\$ _____

Check Enclosed:

\$ _____

Total Amount:

\$ _____

Please email this form and your payment information to sfach7treasurer@gmail.com

PRINTED NAME

SIGNATURE

DATE