



FMMUG Golf Challenge

Sunday, April 25, 2010



REGISTRATION
Golf Tournament

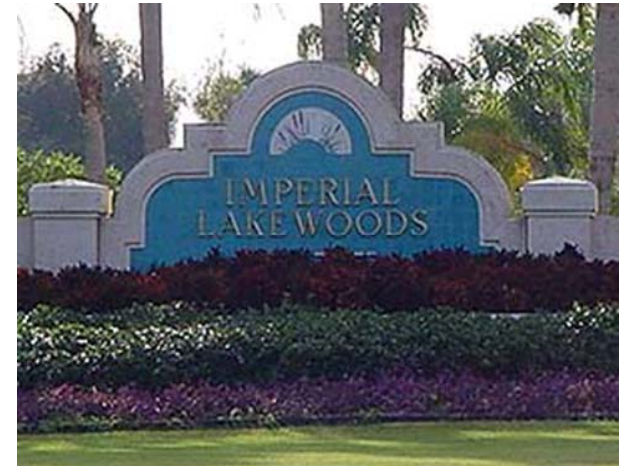
Fee Quantity Total
\$60.00each _____ \$_____

Total to be paid: \$_____

REGISTRATION FORM

[Imperial Lakewoods Golf Club](#)

TEE Times Start at 12:00 Noon



*Company Name:		
*First Name:		
*Last Name:		
*Address:		
*City:	State/Prov:	Postal Code:
*Phone: ()	*Fax No:()	E-mail:
Are you willing to be a Hole Sponsor or provide prizes <input type="checkbox"/>		

Golfer Registration

Name	Company	Email	Do you need club rentals

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Check (payable to FMMUG)		
Credit Card No:	Exp Date:	Security Code:
Card Holder Name:		
Card Holder Signature:		

Please fax or mail form to: FMMUG Golf, 6 Coolidge Road Wilmington, MA 01887 ATTN: Jym Spinelli Fax: (617) 625-5999

To register by phone contact Jym Spinelli (617) 510-6281