



## 2023 TEAM REGISTRATION FORM

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address or P.O. \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Work Direct \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### FOURSOME TEAM - PLAYER INFO

	First & Last Name	E-Mail Address	(Indicate Y or N) Lunch
#1 PLAYER	_____	_____	____ / ____
#2 PLAYER	_____	_____	____ / ____
#3 PLAYER	_____	_____	____ / ____
#4 PLAYER	_____	_____	____ / ____

*Please Indicate if your Team will stay for Lunch?*

**Please Scan Form and E-Mail to Jim Loria c/o [jim@stcloudrox.com](mailto:jim@stcloudrox.com)**