

REGISTRATION FOR B.C.S.O. GOLF TOURNAMENT

NAME: _____

ADDRESS: _____

DEPARTMENT/COMPANY: _____

PHONE: (bus) _____ **(home)** _____

REGISTRATION FEE: _____ **\$ 55.00 INDIVIDUAL**

Teams must have a
combined handicap of
40 or more

_____ **\$ 220.00 TEAM**

Tournament date

July 28th, 2018

_____ **TOTAL Fee Enclosed**

Register by July 20th!

T-Time: 8:00 AM

****NOTE — All fees must be received within 10 days of submitting application**

TEAM INFORMATION

	Name	Handicap
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Make checks payable to: B.C.S.O. Golf Tournament.

Return the completed form to: 25th Annual B.C.S.O Golf Tournament
c/o Bedford County Sheriff's Office
1345 Falling Creek Road
Bedford, VA 24523
Attn: Sgt. Ryan Hilbish



Any questions, please call (540) 586-7718 (voice mail)