



Team Captain

Address _____

Phone _____
E-Mail _____

Team Member

Address _____

Phone _____
E-Mail _____

Team Member

Address _____

Phone _____
E-Mail _____

Team Member

Address _____

Phone _____
E-Mail _____

Tee Time Requested: 8:00 am 1:00 pm

Dinner Only: _____

Lunch Only: _____

Checks payable to Children's Home

Credit Card: MC Visa Amount: _____ (\$150/person / \$600/team
\$50/dinner / \$25/lunch)

Name on Card _____

Number _____ Exp. Date _____

Billing Zip Code _____

Return payment and registration form to:
Children's Home, Office of Community & Donor Relations, 1182 Chenango Street,
Binghamton, NY 13901
Fax: 607-723-2617 Register On Line: www.chowc.org