



4TH ANNUAL
GOLF
TOURNAMENT
TEAM REGISTRATION

Contact Name: _____

Company: _____

Address: _____

Telephone: _____

Email: _____

Golfers Names:

1. _____

2. _____

3. _____

4. _____

Please submit completed registration form to Chloe Courchene
by email at chloe.courchene@scoinc.mb.ca

Payment must be payable to:
Southern Chiefs' Organization

THANK YOU FOR YOUR CONTRIBUTION!