

Officials vs Cancer Golf Tournament Registration Form

Please circle your preferred participation level:

Team of 4: \$500

AND/OR

Hole Sponsor: \$100

Additional opportunity to purchase Mulligan Balls for \$80 with a chance to win a prize if ball is returned. Lunch will be included for all teams.

Contact Details

Contact Name: _____

Email: _____ Phone #: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Team Members and # of Carts Needed:

Please provide name, phone number, and email of each player on your team:

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Payment Information

Payments can be accepted via card, check, or Venmo: @officialsvscancer

Name on card: _____

Credit card number: _____ Exp: _____ CCV: _____

*Checks payable to Officials vs Cancer - P.O. Box 608, Mountain View, OK 73062

I authorized the credit card to be charged the amount indicated above.

Signature: _____

Please contact Officials vs Cancer with any questions and payment details:

Leland Searcy: 580-273-0550 ldsearcy@pldi.net

Daryl Teal: 580-330-2142 daryl@tealinsurance.com

Colby Miller: 405-204-0267 colbymiller37@gmail.com

OR Ronda Smicklas with Children's Health Foundation at:

Ronda Smicklas: 405-473-3771 ronda-smicklas@chfkids.com