

CARTHAGE AREA UNITED WAY GOLF SCRAMBLE

Saturday, September 21st, 2024
Carthage Golf Course

PLAYER REGISTRATION FORM

Captain Name _____

Email _____ Cell Phone Number _____
(Personal information will be used for tournament registration and notifications for this event only)

Shotgun Start Time 8:00 AM Entry Fee \$100 1:30 PM Entry Fee \$100 \$ _____

Mulligan (limit 1 per player) \$5 per player \$ _____

3-Par Poker Game \$10 per player \$ _____

Putting Contest \$5 per chance \$ _____

Additional chances on Prize Drawing Qty _____ \$5 per chance \$ _____

Total (make checks payable to **United Way**) \$ _____

SUBMIT PAYMENTS Via mail to Carthage Area United Way, P.O. Box 250, Carthage MO 64836 referencing Golf Tournament or pay online via credit/debit card at <https://give.classy.org/cauwgolf> or scan the QR Code below



Other Players on Team:

Player 2 Name _____

Email _____ Cell Phone Number _____

Player 3 Name _____

Email _____ Cell Phone Number _____

Player 4 Name _____

Email _____ Cell Phone Number _____

Submit form via email to beverly.bieber@leggett.com or roxanne.willard@leggett.com

ALL PROCEEDS BENEFIT CARTHAGE AREA UNITED WAY