

ENTRY FORM
Eva Scott Golf Tournament

Name _____

Address _____

Phone _____

E mail _____

Names of others in my group

2 _____

3 _____

4 _____

_____ please place me with a foursome my average score is _____

Total cost \$ _____
($\$50 \times$ number of players)

_____ I will not be able to attend, but I would like to make a donation
of \$ _____

_____ **Group Sponsor**
Sign should read _____

_____ **Hole Sponsor (\$100)**
Sign should read _____

Total cost \$ _____

Make checks payable to: **Western High School**
Eva Scott Golf Tournament

Mail to: **Eva Scott Golf Tournament**
Western High School
4600 Falls Road Baltimore, MD 21209

More information – sdwillgolf@aol.com 410-366-3626
