



**The Operation Stand Down RI Golf Classic Benefiting Veterans**  
*Monday, June 2, 2008*

**GOLFER ENTRY FORM**

**Sponsoring Organization** \_\_\_\_\_  
*Company/sponsor name as you wish it to appear in publicity/signage*

Complete Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

*No foursome? No problem. If registering by yourself or with less than four, we will gladly place you with another team.*

**Player 1**

Name \_\_\_\_\_ Military/Veteran? Y N Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Handicap/GHIN \_\_\_\_\_ Club Affiliation (if any) \_\_\_\_\_

**Player 2**

Name \_\_\_\_\_ Military/Veteran? Y N Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Handicap/GHIN \_\_\_\_\_ Club Affiliation (if any) \_\_\_\_\_

**Player 3**

Name \_\_\_\_\_ Military/Veteran? Y N Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Handicap/GHIN \_\_\_\_\_ Club Affiliation (if any) \_\_\_\_\_

**Player 4**

Name \_\_\_\_\_ Military/Veteran? Y N Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Handicap/GHIN \_\_\_\_\_ Club Affiliation (if any) \_\_\_\_\_

**Fax this and participant registration (payment) form to (401) 383-4730 or return by mail to  
Operation Stand Down RI, 1010 Hartford Ave., Johnston, RI 02919.**

**Please note that full payment guarantees your spot. Thanks for your support!**