

**25<sup>th</sup> Annual Salisbury University Golf Classic**  
**Monday, May 4, 2009**  
**Green Hill Yacht & Country Club**

**REGISTRATION FORM**

**Please return form no later than Wednesday, April 22**

**Main Contact Information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Preferred mailing address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Sponsorship level

\_\_\_\_\_  
Signature

**Team Information:**

1) Name: \_\_\_\_\_  
Home Club: \_\_\_\_\_

Phone: \_\_\_\_\_  
Handicap: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Home Club: \_\_\_\_\_

Phone: \_\_\_\_\_  
Handicap: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Home Club: \_\_\_\_\_

Phone: \_\_\_\_\_  
Handicap: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Home Club: \_\_\_\_\_

Phone: \_\_\_\_\_  
Handicap: \_\_\_\_\_

**\*It is important that you accurately report each golfer's handicap. Maximum handicap is 30.**

**Please fax completed form to 410-677-5039  
or return in enclosed envelope.**