

YOUNG WINGS CHARITY GOLF TOURNAMENT

YOUR NAME: _____

TYPE*: FOURSOME or SINGLE (circle one)

YOUR ADDRESS: _____

YOUR ADDRESS: _____

YOUR PHONE: _____

YOUR EMAIL: _____

AMOUNT*: _____

CHECK #: _____

NAME 2: _____

EMAIL 2: _____

NAME 3: _____

EMAIL 3: _____

NAME 4: _____

EMAIL 4: _____

TEAM NAME: _____

MAIL TO: Y.A.E.F. GOLF
 138 JOHN POTT DRIVE
 WILLIAMSBURG, VA 23188

***NOTE:** Cost is \$320.00 per Foursome or \$85.00 per Single