

REGISTRATION DEADLINE: OCTOBER 2, 2025

Community Partner

REGISTRATION Company name: _____ Please print your name or business name exactly as you would like it to be listed. Contact name: _____ Contact address: _____ E-mail address: _____ Contact number: _____) PAYMENT INFORMATION O Check enclosed O Please invoice me O Credit Card ______ Code: ______Exp.____

Total amount:

PLAYER INFORMATION

To ensure all golfers are in the loop, we're collecting everyone's details for pre-and post-tournament updates. Please provide the necessary information for each golfer on your team so we can keep everyone updated with everything you need to know.

in honor of our 50th Anniversary! **Amount:**

Player 2:	
Player 3:	
Player 4:	

Please make checks payable to: Randolph Senior Adults Association

Mail to: Randolph Senior Adults Association 347 W. Salisbury Street, Asheboro NC 27203

Questions? 336-625-3389 ext. 225; marketing@senioradults.org