BYRON CENTER	2024 GOLF OUTING
Chamber of Commerce	REGISTRATION FORM
	ntact Name: ntact Number:
Player #1	Player #3
Name:	Name:
Company:	Company:
Phone:	Phone:
Email:	Email:
Player #2	Player #4
Name:	Name:
Company:	Company:
Phone:	Phone:
Email:	Email:
Tee Times: 8:00 AM 1:30PM Eagle Sponsor: \$1450 Member \$1750 Non– Member's	NO PREFERENCE
Birdie Sponsor: \$850 Member \$1000 Non– Member's	= \$
Par Sponsor: \$250 Member \$325 Non– Member's	= \$
Hole Sponsor: \$300 MEMBERS ONLY OPTION	= \$
Foursome: \$630 Member \$730 Non-Member's X	= \$
Single Golfer: \$180 Member \$195 Non– Member's X	= \$
For check payments, please make checks payable to: Byron Cente Mail payment to: Byron Center Chamber of Commerce	
For credit card payments, please fill out the CARD TYPE: VISA MASTERCARD Credit card # CCV:	DISCOVER AMEX
Credit Card billing address (<u>MUST HAVE</u>) : Email this completed registration form to: directed	or@byroncenterchamber.org