

# Take A Swing at Cancer Golf Tournament



## Golfer's Registration Form

All correspondence can be sent to:  
**TASC Golf, PO Box 5245, Framingham, MA 01701-5245**  
**OR**  
**E-mailed to: [Golf@takeaswing.org](mailto:Golf@takeaswing.org)**

Number of Golfers: \_\_\_\_\_ Team/Company Name \_\_\_\_\_

**Golfer #1:**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home / Work / Cell )  
E-mail: \_\_\_\_\_

**Golfer #2:**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home / Work / Cell )  
E-mail: \_\_\_\_\_

**Golfer #3:**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home / Work / Cell )  
E-mail: \_\_\_\_\_

**Golfer #4:**

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home / Work / Cell )  
E-mail: \_\_\_\_\_