

INAUGURAL DEVIL DOG OPEN

If you prefer to write a check, use this alternate Registration Form.

You may complete it here online, then print it, and mail it along with your check payable to

The James M. Slay Detachment #329, MCL to:
Paymaster 329, PO Box 245, Charles City, VA 23030

***Required Field**

If registering as a single:

_____ ***Last Name** _____ ***First Name**
_____ ***Your email address** \$ _____ ***Amount Remitted**

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If registering a foursome, you must register and pay for all 4 players:

TEAM CAPTAIN

_____ ***Captain's Last Name** _____ ***Captain's First Name**
_____ ***Captain's email address** \$ _____ ***Amount Remitted for team**

FIRST TEAMMATE

_____ ***1st Teammate's First and Last Name**
_____ ***1st Teammate's email address**

SECOND TEAMMATE

_____ ***2nd Teammate's First and Last Name**
_____ ***2nd Teammate's email address**

THIRD TEAMMATE

_____ ***3rd Teammate's First and Last Name**
_____ ***3rd Teammate's email address**