**17th Annual**

**Robin Kaplan Memorial Golf Tournament**

**Benefiting**

**The CCFA Camp Oasis Kids’ Programs**

**Golfer Registration Form**

Please complete and mail this form to:

**Robin Kaplan Memorial Golf Tournament**

**PO Box 1577
Westborough, MA 01581**

Name: Clubs required? Yes No

Company: Male/Female? M F

Address: Right/Left-handed? R L

eMail: Hotel Room? Yes No

Daytime Phone: One/Two Nights? One Two\*

Name: Clubs required? Yes No

Company: Male/Female? M F

Address: Right/Left-handed? R L

eMail: Hotel Room? Yes No

Daytime Phone: One/Two Nights? One Two\*

Name: Clubs required? Yes No

Company: Male/Female? M F

Address: Right/Left-handed? R L

eMail: Hotel Room? Yes No

Daytime Phone: One/Two Nights? One Two\*

Name: Clubs required? Yes No

Company: Male/Female? M F

Address: Right/Left-handed? R L

eMail: Hotel Room? Yes No

Daytime Phone: One/Two Nights? One Two\*

\*Second night at your own expense.

**Registration forms are due back by July 17, 2020.**

 If you have any questions regarding this event, please contact:

Chair: Billy Gilchrist bill\_gilchrist@tjx.com

Committee: Liz deVillafranca ldevillafranca@icloud.com

**You may email the forms to** **Bill\_Gilchrist@tjx.com**