

Registration Form for Dr. Michael Doran Memorial Golf Tournament

Registration for Individual Golfer:

Name: _____

Email Address: _____

Preferred Golf Partners: _____

Which Wootton Sports Team(s) would you like to benefit from your participation:

-OR-

Registration for Foursome of Golfers:

Team Name: _____

Golfer #1 Name: _____

Golfer #1 Email: _____

Golfer #2 Name: _____

Golfer #2 Email: _____

Golfer #3 Name: _____

Golfer #3 Email: _____

Golfer #4 Name: _____

Golfer #4 Email: _____

Which Wootton Sports Team(s) would you like to benefit from your participation:
