

Return Entry Information
Matthew Roberts Memorial Disc Golf Tournament
March 13th, 2010

Team Name: _____

Player(s) Name(s): _____

Contact Information:

Address: _____

Phone: _____

e-mail: _____

Approximate number of players and family to attend banquet: _____

(remember at least 1 required to avoid penalty stroke)

Statement of wavier: *I understand that decisions made by the director during and concerning this event will be honored and final. If it becomes necessary to cancel due to weather or other uncontrollable circumstances, an attempt to reschedule and or refund will be made.*

Signature: _____

****Make checks payable to Pleasant View Disc Golf Club and mail to London First Baptist Church 17 Southern Baptist Rd. London, Ar. 72847****