

Registration Form (PKG 2 - SILVER LEVEL) \$3,000.00

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

Player's Names for GOLF:

1. _____

2. _____

3. _____

4. _____

Hotel Reservation

*******Check In and Out dates will ONLY be Sept 18th and 19th*******

Room	Last, First Name	Check In Date	Check Out Date	Room Type K/D, S/N
1	_____	_____	_____	_____
2	_____	_____	_____	_____

There must be a name for each room K/D = King or Double Bedroom, S/N = Smoking or Non-Smoking

Texas Hold-em Poker Tournament

1. _____

2. _____

Make Checks Payable To: SOCT Golf Tournament

Mail All Forms with Payment To:
SOCT Golf
705-45 Lake Ave
Bristol, CT 06010

For further info, email Darcy at: soctgolf@gmail.com or call (860) 280-2066