



REGISTRATION

CAPTAIN: _____ ☐ STEAK ☐ CHICKEN

GOLFER 2: _____ ☐ STEAK ☐ CHICKEN

GOLFER 3: _____ ☐ STEAK ☐ CHICKEN

GOLFER 4: _____ ☐ STEAK ☐ CHICKEN

PHONE: _____

EMAIL ADDRESS: _____

☐ CASH ☐ CHECK ☐ CREDIT CARD

TOTAL AMOUNT: _____

Mail or Scan Registration Form and send to:

The Autism Society of Greater Cleveland, PO Box 41066, Brecksville, Ohio 44141
216.392.5152 (Holly Oster) or 216.556.4937 (ASGC) | www.asgc.org | asgcoh@gmail.com
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