

*Trinity United Methodist Church
Bruce Allred Memorial Golf Tournament*

Registration Form

Name: _____

Address: _____

Phone number: _____ Email Address: _____

Registering as an individual player Please assign me to a team

I will be playing on _____ team.

Registering as a team: Please provide complete contact information for each player.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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\$60 Per Player

\$240 Per Team

Checks should be made payable to Trinity United Methodist Church and mailed to:

Trinity UMC
Attn: Golf Tournament
PO Box 5247
Beaumont, TX 77726

DEADLINE IS APRIL 22nd

For more information contact:

Clyde Bell 753-2638 Jan Allred 866-4774 Greg Austin 892-1587
John Mays 840-5175 Phil Hilliard 899-9290 Kim Anderson 892-8121 x 123

For Office Use Only: Date received: _____ Check # _____ Amount: _____