



Tournament Registration Form

Tournament Name: Chili Open Date: 11/04/2023

Formant Team (circle one) : 2-Man Scramble 4-Man Scramble Other

Team Name (if required for tournament) : _____

Team Captain: _____ Phone: _____

Email: _____

Second Player: _____ Phone: _____

Email: _____

Third Player: _____ Phone: _____

Email: _____

Forth Player: _____ Phone: _____

Email: _____

To be filled out by Columbia Staff:

Paid in full by: Credit Card _____ Check _____ Cash _____

OR

Paid by player: Captain ____ 2nd Player ____ 3rd Player ____ 4th Player ____

Submitted On: _____ Submitted By: _____