Northeast Washington Association of REALTORS®

14th Annual Charity Golf Tournament

Registration Form

TEAM NAME:					
TEAM LEADER:					
PHONE:					
GOLFER 2:					
PHONE:					
EMAIL:					
GOLFER 3:					
PHONE:					
EMAIL:					
GOLFER 4:					
PHONE:					
EMAIL:					
	st of 4 players. Each playe			_	ne best ball until
the hole is finish	ned. All teams must use ea	ich team mer	nber's drive at le	east 2 times***	
SINGLE DLAVED			(Please assign	me to a team)	
			(Flease assign	ille to a tealily	
PHONE:					
EMAIL:					
Hole Sponsor-\$	70			-	
Dinner Only- \$2	5				

Make checks payable to: NEWAR

Drop off for registrations & fees in person: 100 E Birch Ave Colville, WA 99114

Mail in registrations & fees: PO Box 188 Colville, WA 99114