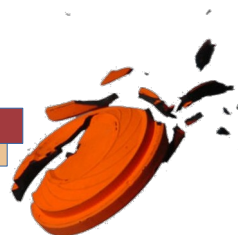




# Hale Memorial Shoot

VFW Post#9689



## Registration Form

Team Name : \_\_\_\_\_ Cart Rental: ☐ 4 Person / \$40 ☐ 2 person / \$20

### Members

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email to: [vfw9689halememorialshoot@gmail.com](mailto:vfw9689halememorialshoot@gmail.com)



Scan to pay Registration