

First Annual CASA Golf Scramble
April 26, 2010 – Jackson Country Club – Jackson, TN

Tournament Registration Form
**Proceeds to Benefit the Children Served by Madison County Court Appointed
Special Advocates Program (CASA)**

Team Contact Person: _____

Team Sponsored by (if applicable): _____

Name: _____

Address _____

City _____ State/Province _____ ZIP _____

Telephone _____

Email _____

Names of Players (if known):

1. _____

2. _____

3. _____

4. _____

REGISTER by April 19, 2010

Registration = \$600 per four person team x _____ teams = \$ _____

METHOD OF PAYMENT

_____ Enclosed is a check **payable to CASA**.

_____ I wish to pay my fees by **credit card**. Please note: this charge will appear on your statement as "Madison County CASA".

_____ Amex _____ Master Card _____ Visa

Expiration Date: _____ / _____ Total Amount Authorized _____

Name on Card: _____

Authorizing Signature: _____

RETURN THIS COMPLETED FORM WITH PAYMENT TO:

Mail to: CASA, 110 Irby Street, Jackson TN 38301

Email to: director@madisoncountycasa.org

Fax to: 866 585 2272