

# TWO BROTHERS' LIGHT

## 1<sup>st</sup> Annual



### 2017 REGISTRATION FORM

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CHECK ONE:

- SINGLE PLAYER \$100
- TEAM \$400
- DINNER ONLY \$35

TOTAL:

\$ \_\_\_\_\_

PAYMENT OPTION:

Please send invoice to the attention of: \_\_\_\_\_ Email if different than above.

Charge credit card#: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO:  
TWO BROTHERS' LIGHT

MAILING ADDRESS:  
600 W. SENECA TURNPIKE  
SYRACUSE, NY 13207