

Roxbury Golf Management LLC  
P.O. Box 483, Roxbury, New York 12474

# 2018 Mark Cammer Memorial Golf Tournament Team Entry Form

8am: 1st Shot Gun     1pm: 2nd Shot Gun

**List Your 4-Person Team Members:**

1. \_\_\_\_\_

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

2. \_\_\_\_\_

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

3. \_\_\_\_\_

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

4. \_\_\_\_\_

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

**Complete This Form and eMail to: [cfaraci@wildblue.net](mailto:cfaraci@wildblue.net)**

**Entry Fee: \$240 per Team**

**Pay at the tournament**

Payment can be made by cash, credit card (MasterCard, VISA or Discover accepted)  
or by check payable to **Roxbury Golf Management LLC.**