



RIPON QUARTERBACK CLUB GOLF TOURNAMENT ENTRY FORM

TEAM MEMBERS (Please Print Clearly)

Email Address

1. _____

2. _____

3. _____

4. _____

TEAM CAPTAIN'S NAME & PHONE NUMBER _____

(CIRCLE ONE)

HOW MANY MEMBERS OF YOUR TEAM WILL BE RIDING THE BUS? (1) (2) (3) (4) (None)

Fees: \$150 per player, \$600 per team

Make checks payable to Ripon Quarterback Club. Mailing address: John Franscella, 277 Osborne Court, Ripon, CA. 95366, Phone: 599-2556