Special Olympics Missouri

GOLF TOURNAMENT ENTRY FORM

Agency Name & Code:_____ **Area:**_____

Mailing Address:_____ **City/Zip:**_____

Head Coach Name & Cell Phone #_____ (____)_____

Assistant Coach Name & Cell Phone # _____ (____)_____

Alternate Shot Pairs and Team Golfers MUST be listed consecutively on this form

Golfer's Name	Birth Date	Sex	Down Syndrome (Y or N)	Level of Play (1,2,3,4,5)	Level 1 Individual Skills Contest Scores					Levels 2,4,5	Level 3 Cart Driver
					Short Putt	Long Putt	Chip Shot	Iron Shot	Wood Shot	Scores	Yes or No