

2019 SHORE CONFERENCE Golf Tournament

ENTRY FORM

School: _____

School Phone: _____

Coach's Name: _____

Home Phone: _____

(NO STAMPED SIGNATURE WILL BE ACCEPTED)

Athletic Director

Principal

<u>First & Last Name</u> (WRITE LEGIBLY)	<u>Score in County</u> <u>Tournament</u>	<u>Circle One</u> (Individual/Team or Both)
1.)		Individual Team Both
2.)		Individual Team Both
3.)		Individual Team Both
4.)		Individual Team Both
5.)		Individual Team Both

Any contestant whose name does not appear on this form will not be permitted to compete and such omission(s) may not be appealed.

FEE: \$50.00 per golfer or \$250.00/team. Make all checks payable to Shore Conference of High Schools and forward ASAP.

**Mail to: Joe Montano, Shore Conference Treasurer
 Red Bank Catholic High School
 112 Broad Street
 Red Bank, NJ 07701**

RETURN: TEAM and/or INDIVIDUAL FORM to Michael Puorro by Fax: (732-556-2105).

For additional information contact Tournament Director Rich Carroll (cell-609-209-5027).

