

Safe Haven Golf Tournament Registration

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Please include \$125 for each golfer registering. If you are paying for more than one golfer, or if there are other golfers you wish to be partnered with please list them below:

Return this form with a check payable to BethHaven Inc.
or register online at www.bethhaveninc.org/golf



Safe Haven Golf Tournament

Monday, September 18th, 1:00 PM
Country Club of Colorado