



# 10<sup>th</sup> Annual Frank Camarda Open

Monday August 29<sup>th</sup> 2022

**Far Corners Golf Course**

5 Barker Road, Boxford MA

**Registration Form**

**\$135 per golfer**

Please make checks payable to the *Frank Camarda Open* and mail to:

Paul Camarda

2 Gallows Circle

Salem, MA 01970

*Please check off the following:*

- Individual Registration** (not with a group – we will assign you a group, only fill out Golfer #1 Information).
- Group Registration** (please indicate everyone that is playing in your group even if you are paying only for yourself).
- Group Registration with Sponsorship** (sponsorship form should be filled out).

## *Golfer Information*

### **Golfer 1**

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Golfer 2**

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Golfer 3**

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Golfer 4**

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_