



Scramble to End Hunger Golf Tournament Registration Form



A National Mail-In Golf Tournament Benefiting Feeding America

TEAM #1 MEMBERS

1.	TEAM NAME
	TEAM CAPTAIN
2.	ADDRESS
3.	CITY/STATE/ZIP
4.	

FOR HOME OFFICE USE ONLY:

Chapter Location:
Chapter No.:

TEAM #2 MEMBERS

1.	TEAM NAME
	TEAM CAPTAIN
2.	ADDRESS
3.	CITY/STATE/ZIP
4.	

FOR HOME OFFICE USE ONLY:

Chapter Location:
Chapter No.:

Copy this form as needed for extra teams—submit completed form plus \$60 registration fee for each team to:

ASSURED LIFE
ASSOCIATION

PO BOX 3169
ENGLEWOOD, CO 80155

PHONE 303.792.9777
TOLL-FREE 800.777.9777
FAX 866.663.8560

WWW.ASSURED.LIFE.ORG