32nd Annual Evelyn Rubenstein JCC Golf Tournament
Monday, April 27, 2020 | Black Horse
Presented by erjcchouston.org/golf

PLAYER REGISTRATION FORM

Please return to: Michelle Frankfort | Evelyn Rubenstein JCC | 5601 S. Braeswood Blvd. | Houston, TX 77096-3907
713.551.7230 | Fax: 713.551.7223 | mfrankfort@erjcchouston.org | www.erjcchouston.org/golf

CHOOSE:
☐ I would be pleased to participate in the JCC Golf Tournament on Monday, April 27 at BlackHorse Golf Club.
☐ I cannot play, but would like to make a contribution.
☐ My company will match this gift; my donation form is enclosed.

Enclosed is my check for $_____________ ($250 per player; Make check payable to Evelyn Rubenstein JCC)

– OR –

Paid by credit card
To pay by credit card please visit our secure link for registration at erjcchouston.org/golf or call 713-551-7230

Name: ___________________________________________ Daytime Phone: ________________________
Address: _________________________________________ City/State/Zip: ______________________________
Email: ___________________________________________ Handicap: __________
Home Golf Course: _______________________________ If no handicap, your 2 most recent scores: _______ and ______

Please list additional members of your foursome below:

Name: ___________________________________________ Daytime Phone: ________________________
Address: _________________________________________ City/State/Zip: ______________________________
Email: ___________________________________________ Handicap: __________
Home Golf Course: _______________________________ If no handicap, your 2 most recent scores: _______ and ______

Name: ___________________________________________ Daytime Phone: ________________________
Address: _________________________________________ City/State/Zip: ______________________________
Email: ___________________________________________ Handicap: __________
Home Golf Course: _______________________________ If no handicap, your 2 most recent scores: _______ and ______

Name: ___________________________________________ Daytime Phone: ________________________
Address: _________________________________________ City/State/Zip: ______________________________
Email: ___________________________________________ Handicap: __________
Home Golf Course: _______________________________ If no handicap, your 2 most recent scores: _______ and ______

Name: ___________________________________________ Daytime Phone: ________________________
Address: _________________________________________ City/State/Zip: ______________________________
Email: ___________________________________________ Handicap: __________
Home Golf Course: _______________________________ If no handicap, your 2 most recent scores: _______ and ______