



# 2011 CRJ Golf Tournament

Sunday, December 4th

**Please mail completed forms to: Congregation of Reform Judaism,  
Attn: Michael Kancher  
928 Malone Dr., Orlando, FL 32810**

Golfers:

1. Name: \_\_\_\_\_ Handicap \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



2. Name: \_\_\_\_\_ Handicap \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



3. Name: \_\_\_\_\_ Handicap \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



4. Name: \_\_\_\_\_ Handicap \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Type: *(please check one)*

Individual Player     Foursome     Sponsor Level \_\_\_\_\_

Payment Method:

Check *(Please make payable to Congregation of Reform Judaism)*

Credit Card: *(Please fill out below)*

Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_