



CPL BEN KOPP

CELEBRITY GOLF CLASSIC

LEGACY GOLF CLUB AT LAKEWOOD RANCH

GOLFER REGISTRATION FORM

Date: _____
Company Name: _____
Address: _____
Contact Person: _____
Telephone: _____
E-mail: _____

Team \$500

Individual Player \$125

Player 1 _____

Shirt Size _____ Sponsor Name _____

Player 2 _____

Shirt Size _____ Sponsor Name _____

Player 3 _____

Shirt Size _____ Sponsor Name _____

Player 4 _____

Shirt Size _____ Sponsor Name _____

DEADLINE:
JANUARY 15, 2018

To submit payment via credit card:

Visa - MasterCard - Discover

CC#: _____

Expiration Date: _____

Name as it appears: _____

Total: _____

Make checks payable to:
**OPERATION RENEWED
HOPE FOUNDATION**

Mail to:

**OPERATION RENEWED
HOPE FOUNDATION
25 Antilles Cove
Miramar Beach, FL 32550**

Fax/Email Registration Form and Sponsor-
ship Form To:

Charlie Haje
charliehaje@earthlink.net
or Fax to 850-837-5399

Sign up today:
www.operationrenewedhopefoundation.org

For more information, contact

Charlie Haje

Charlie@ORHFoundation.org
or 850-259-6334

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