



PLAYER CONFIRMATION (PLEASE COMPLETE FOR ALL PLAYERS)

PLAYER/FOURSOME CONTACT PHONE _____

#1 Name: _____

E-Mail: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____

SHIRT SIZE circle one: L XL XXL

#1 Name: _____

E-Mail: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____

SHIRT SIZE circle one: L XL XXL

#1 Name: _____

E-Mail: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____

SHIRT SIZE circle one: L XL XXL

#1 Name: _____

E-Mail: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____

SHIRT SIZE circle one: L XL XXL

Please return to: **Kelly Ryan Foundation, 34 Old Mill Road, Woodbridge, CT 06525**, or email jon@kellyryanfoundation.org

PLEASE PROVIDE US WITH THE NAME(S) OF YOUR GOLFERS BY May 19, 2014