

DRIVE OUT HOMELESSNESS

Monday, June 10, 2024 at 1 pm @ Orchard Creek Golf Course in Waynesboro



THIS IS A REGISTRATION FORM FOR A : TEAM \$500 INDIVIDUAL \$125

Individual/Captain Name: _____ Handicap: _____

Address: _____

Phone Number: _____ EMAIL: _____

PAYMENT TYPE: Check Cash Online Invoice 3rd Party

Player 2 Name: _____ Handicap: _____

Address: _____

Phone Number: _____ EMAIL: _____

PAYMENT TYPE: Check Cash Online Paid by other or 3rd party

Player 3 Name: _____ Handicap: _____

Address: _____

Phone Number: _____ EMAIL: _____

PAYMENT TYPE: Check Cash Online Paid by other or 3rd party

Player 4 Name: _____ Handicap: _____

Address: _____

Phone Number: _____ EMAIL: _____

PAYMENT TYPE: Check Cash Online Paid by other or 3rd party

Thank you for helping us keep accurate records by providing all requested information.

Mailing addresses are required for receipts.

Please submit the completed registration form and payment to the WARM office in person or via email to admin@warmwaynesboro.org or by mail to:
WARM, Inc. | 1035 Fairfax Avenue | Waynesboro, VA. 22980
OFFICE: 540.324.8166 | FAX: 540.683.8552