



Comapany Name			Team Name		
Team Captain:			Player #2:		
Address:			Address:		
City:	Zip:		City:	Zip:	
Email Address:			Email Address:		
Phone:			Phone:		
Playor #2:			Playor #4:		
riayei #3			гіауеі #4		
Address:			Address:		
City:	Zip:		City:	Zip:	
Email Address:		[	Email Address:		
Phone:			Phone:		

PLEASE SUBMIT THIS FORM TO GIL@MYTKHCC.ORG BY AUGUST 15, 2023

\$500 Early Bird Special ends 8/15

\$600 Team

\$150