



REGISTRATION FORM
SALFASS GOLF TOURNAMENT
c/o CLEVELAND LITHUANIAN GOLF CLUB
AUGUST 31– SEPTEMBER 1, 2019
BAY VALLEY RESORT, BAY CITY, MI. 48706

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE/POSTAL: _____ EMAIL: _____

TELEPHONE 1: _____ TELEPHONE 2: _____

HANDICAP: _____ CLASS: _____

DOB (JUNIORS/SENIORS): _____

INDIVIDUAL REGISTRATION: \$ __55.00__ \$ _____

SUNDAY AWARDS BANQUET - NUMBER ATTENDING: _____

BANQUET: \$ __50.00__ \$ _____

ENCLOSE CHECK OR MONEY ORDER PAYABLE TO:

AL NAGEVICIUS
c/o Cleveland Lithuanian Golf Club
1150 CHAPMAN LANE UNIT 31
MEDINA, OH 44256
USA

**FOR MORE INFORMATION OR QUESTIONS, CONTACT:
AL NAGEVICIUS 330.721.2424_OR ED BLIUMENTALIS 440-892-6939**

*****REGISTRATION AND PAYMENT DUE BY AUGUST 16, 2019*****

pnagevicius@gmail.com