

REGISTRATION
2009 JAMES O. SHEARER MEMORIAL
GOLF TOURNAMENT
MONDAY SEPTEMBER 21, 2009
RIDGEWAY COUNTRY CLUB

(Please keep a copy of your registration as no confirmation will be sent)

Name _____
Captain _____ Handicap/Avg. Score _____
(if registering a team)
Work Address _____
Work Phone _____ Tee Time: 1:00 PM _____
E-mail Address _____

Other team members (if applicable)*:

Name	Handicap/Avg. Score	TSCPA Member (Y/N)
#2 _____	/ _____	_____
#3 _____	/ _____	_____
#4 _____	/ _____	_____

FEES: Number _____ @ \$130 = \$ _____

Young CPA _____ @ \$100 = \$ _____

Teams accepted on a first come basis (No Exceptions)

Deadline for entry: Thursday September 17

Make check payable to TSCPA and send to:

Ron Franks
Gateway Group Personnel
1770 Kirby Parkway, Suite 216
Memphis, TN 38138
Phone: (901) 756-6050
Fax: (901) 756-8445