

Golf Tournament Registration Form

State Bar Association of North Dakota 119th Annual Meeting • June 13-15, 2018 • Bismarck

	he box next to the name(s) you are paying for.)	Wednesday, June 13 • 1 p.m.
Team Name ☐ Player #1 Name		Hawktree Golf Club
☐ Player #2 Name	Handicap:	Goil Club
☐ Player #3 Name	Handicap:	Please complete
☐ Player #4 Name	Handicap:	and return with registration.
Team Phone Number:		G

Paid with Annu	ual Meetin	g Registration Online
Enclosed is my check fo Make checks payable to		ount of \$
Please charge to my _	Visa	_ Mastercard AMEX
Account #		
Expiration Date:		_ CVV2
Name on Card:		
Address:		
City	Stata	7in:

RETURN COMPLETED FORM

Email: info@sband.org

Fax: 701-224-1621

Mail: PO Box 2136, Bismarck, ND 58502

Call: 701-255-1404 with any questions