



Golf Tournament Registration Form

Contact Person: _____

Company: _____

Address: _____

Email: _____

Phone: _____

Please list golfers below.
\$200 per player, must be received prior to the tournament.

NAME	EMAIL	PHONE
Golfer 1		
Golfer 2		
Golfer 3		
Golfer 4		

Make checks payable to: Level the Playing Field

230 Cedar Heights Rd, Stamford, CT 06905

COMPLETE AND RETURN REGISTRATION FORM BY AUGUST 18, 2026