



**in partnership with  
COACH STEVE SPURRIER**

# 2014 PLAYER INFORMATION

**SPONSOR NAME:** \_\_\_\_\_

**PRIMARY TEAM CONTACT:**

**Name** \_\_\_\_\_

**Cell phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

PLAYER NAME	EMAIL	HANDICAP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Please return this form by Monday, April 14 to:**

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