

**MILLER  
HARRIS**



*Memorial*  
GOLF TOURNAMENT

**at Temple Hills Golf Club  
September 10, 2018**

# RESERVATION FORM

All teams must be paid in full by August 25, 2018

Cost: \$200 per player

**Registration opens at 8:00 a.m.**

**Tee time is at 10:00, shotgun start,**

*Breakfast and dinner will be provided as well as food on the course.*

### Individual

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Zip: \_\_\_\_\_

I would like to play with:  
\_\_\_\_\_

OR

Put me on a team

**PRINT AND COMPLETE FORM.**

**MAIL WITH CHECK TO:**

**Miller Harris Foundation**

**P.O Box 331203**

**Nashville, TN 37203-7511**

*Remembering a life...to save a life.*

**Team Name:** \_\_\_\_\_

**Team Captain:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Zip: \_\_\_\_\_

**Player 2:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Zip: \_\_\_\_\_

**Player 3:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Zip: \_\_\_\_\_

**Player 4:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Zip: \_\_\_\_\_

*Miller Harris Foundation*

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www.millerharrisfoundation.org