

**THE 2009 YANCEY  
ENTRY  
FORM**

*Yancey*

**COMPANY NAME** (if applicable): \_\_\_\_\_

**SPONSORSHIP LEVEL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE & E-MAIL:** \_\_\_\_\_

**TEAM MEMBERS:**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Club \_\_\_\_\_

Phone \_\_\_\_\_ Handicap (max 22) \_\_\_\_\_

Name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Club \_\_\_\_\_

Phone \_\_\_\_\_ Handicap (max 22) \_\_\_\_\_

Name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Club \_\_\_\_\_

Phone \_\_\_\_\_ Handicap (max 22) \_\_\_\_\_

Name \_\_\_\_\_

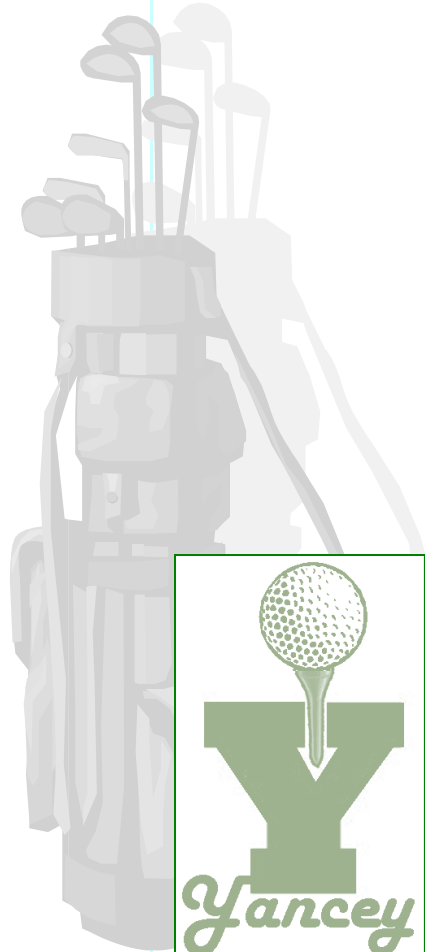
Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Club \_\_\_\_\_

Phone \_\_\_\_\_ Handicap (max 22) \_\_\_\_\_



MAIL YOUR COMPLETED ENTRY FORM & PAYMENT (\$600/team or \$150/individual) TO: **YANCEY MENTAL HEALTH TOURNAMENT**, C/O MHA OF GREATER AUGUSTA, 1720 CENTRAL AVENUE, AUGUSTA, GA 30904 Phone 706-735-6857

**SOFT SPIKES REQUIRED**

**MONDAY, OCTOBER 12, 2009**