

**COOPERATIVE OR GUEST REPRESENTED** \_\_\_\_\_

**PLAYERS NAME:** \_\_\_\_\_ **HANDICAP** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PLAYERS NAME:** \_\_\_\_\_ **HANDICAP** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PLAYERS NAME:** \_\_\_\_\_ **HANDICAP** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PLAYERS NAME:** \_\_\_\_\_ **HANDICAP** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TOTAL NUMBER OF PLAYERS** \_\_\_\_\_ **@ \$80.00 EA =** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: PRIDE AG RESOURCES**

**MAIL TO: JERALD KEMMERER**

**PRIDE AG RESOURCES**

**908 W. FRONTVIEW**

**DODGE CITY, KS 67801**

**Please include each players E-mail address as team rosters  
will only be sent by E-mail.**

Duplicate this sheet as needed.

This tournament will fill up so please return as soon as possible.