

**Registration Form  
Captain's Choice  
\$60 per player/\$240 per team**

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

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

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

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

Company: \_\_\_\_\_

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

Player #2: \_\_\_\_\_

Player #3: \_\_\_\_\_

Player #4: \_\_\_\_\_

Make Checks payable to:

**Fountain Inn Civic Center  
315 N. Main Street  
Fountain Inn, SC 29644  
864-409-1050 (office)  
864-409-3360 (fax)**

**[Elaine.ratchford@fountaininn.org](mailto:Elaine.ratchford@fountaininn.org)**