



## Player Registration Form

	Sponsor Organization	Contact Person
	Phone	Fax
		Email
1.	Name: _____	_____
	Phone No.: _____	Email: _____
	Fax No.: _____	Handicap: _____
2.	Name: _____	_____
	Phone No.: _____	Email: _____
	Fax No.: _____	Handicap: _____
3.	Name: _____	_____
	Phone No.: _____	Email: _____
	Fax No.: _____	Handicap: _____
4.	Name: _____	_____
	Phone No.: _____	Email: _____
	Fax No.: _____	Handicap: _____

**- Registration Deadline: June 6, 2007 -**

Please make checks payable to Christel House and mail to:  
 Mandi Melangton, Christel House Open  
 10 W. Market St., Ste. 1990, Indianapolis, IN 46204  
 phone: 317.464.2341 fax: 317.464.2039  
 email: mmelangton@christelhouse.org