A ROUND FOR THE HOUSE GOLFER REGISTRATION

FRIDAY SEPT. 11 2026

RIVEREDGE GOLF COURSE MARSHFIELD
8:30 AM REGISTRATION
9:30 AM SHOTGUN START
4:00 PM RECEPTION
FOUR-PERSON TEAM SCRAMBLE

Golfer #1 (Primary team contact if needed): _____

Email: _____

Cell: _____

Golfer #2: _____

Email: _____

Cell: _____

Golfer #3: _____

Email: _____

Cell: _____

Golfer #4: _____

Email: _____

Cell: _____

PAYMENT INFORMATION

$500 PER TEAM

☐ Check enclosed (made payable to RMHC)

☐ Credit card #: _____

Exp:_____ CVC:_____

Name: _____

Billing Address: _____

City, State, Zip: _____

☐ Invoice (address if different than contact listed):

_____

FOLLOW TO REGISTER AND PAY ONLINE

THANK YOU

"Keeping Families Close" thanks to you. Questions? Contact us at 715-387-5899. Return to: amanda@rmhcofmarshfield.org or RMHC, 803 W North St, Marshfield, WI 54449