

# 2019 Jimmie Scramble Player Registration

NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_



Team Roster	Handicap	Shirt Size
Player #1		
Player #2		
Player #3		
Player #4		

Jimmie Shootout (Friday 3:00pm)    \_\_\_    X    \$50    =    \$ \_\_\_\_\_

AM Golfer -Scramble (8:00am)    \_\_\_    X    \$125    =    \$ \_\_\_\_\_

PM Golfer -Scramble (1:30pm)    \_\_\_    X    \$125    =    \$ \_\_\_\_\_

Mulligan (1 per Team)    \_\_\_    X    \$20    =    \$ \_\_\_\_\_

Extra Dinner Ticket    \_\_\_    X    \$15    =    \$ \_\_\_\_\_

I am unable to attend; please accept my donation of:    \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

My Check, made payable to University of Jamestown, is enclosed.

Please charge my credit card:    Visa     MasterCard     Discover

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Please RSVP by:**

**June 3<sup>rd</sup>, 2019**



**CONTACT:**

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