



Governor's Cup Player Registration Form

Company or Organization Representing (if applicable):

Team/Company Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Foursome (If applicable):

Player No. 1

Name: _____

Address: _____

Telephone: _____ Golf Shirt Size: _____

Player No. 2

Name: _____

Address: _____

Telephone: _____ Golf Shirt Size: _____

Player No. 3

Name: _____

Address: _____

Telephone: _____ Golf Shirt Size: _____

Player No. 4

Name: _____

Address: _____

Telephone: _____ Golf Shirt Size: _____

Make Checks Payable To: Oklahoma Council on Physical Fitness and Sports

Mail Registration To:

OGCPFS

P.O Box 20513

Oklahoma City, OK 73156