

Bend Your Knees



In Loving Memory
of Collins Dixon

www.bendyourknees.org



6th Annual Collins Dixon Bend Your Knees GOLF TOURNAMENT ENTRY FORM

DATE: October 13, 2017
TIME: Registration at 8:00 AM.
Shotgun start at 9:00AM
PLACE: Fairways of Canton Golf Club
400 Laurel Canyon Parkway
Canton, GA 30114
FEE: \$100.00 per player
\$380.00 per foursome
(includes: green fees, cart & catered lunch)

Payment Due Date: October 6, 2017.

Send Check to Bend Your Knees, Inc.
Indicate for: Golf Tournament
w/ Registration form to
124 Timberland Drive
Canton, GA. 30114

Format: Tournament will be played 4-person teams Best-Ball format.
If you do not enter a team list, you will be placed with others

CONTACT:

Bob Dixon
404-271-1360
Lisa Johnson
Tournament Administrator
404-805-2196

Cancelation Policy:

1. If golf tournament is canceled due to weather or other events, player will receive a full refund
2. If player cancels, 48-hour notice is required to receive 50% of entry fee
3. If player is a "no-show", entry fee is non-refundable.

*** Mailing Address**

Bend Your Knees, Inc.
124 Timberland Drive
Canton, GA. 30114

* Send Entry Forms &
payment to this address

For more information on
Collins' Foundation visit
BendYourKnees.org

Pay by Credit Card
day of event.

ENTRY FORM:

NAME: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

Team Members:

Player 2 Name: _____

Player 3 Name: _____

Player 4 Name: _____

** Please have each team member fill out an entry form*