

TEAM ENTRY FORM

$500 PER TEAM | INCLUDES GREEN FEES AND LUNCH ADULTS ONLY, PLEASE

TEAM / PLAYER INFORMATION

PLAYER 1 _____

PHONE _____ EMAIL _____

PLAYER 2 _____

PHONE _____ EMAIL _____

PLAYER 3 _____

PHONE _____ EMAIL _____

PLAYER 4 _____

PHONE _____ EMAIL _____

AMOUNT DUE: $ _____

PAYMENT INFORMATION

☐ **CASH** ☐ **CREDIT CARD** ☐ **CHECK** CHECKS PAYABLE TO SACRED HEART SCHOOL

BUSINESS NAME _____ CONTACT _____

CARDS ACCEPTED: AMEX, VISA AND MASTERCARD

NAME ON CARD _____ BILLING ZIP _____

CARD NUMBER _____ CVV _____ EXP. _____

RETURN TO SACRED HEART CATHOLIC SCHOOL | ATTN: HEART OF AN ANGEL 2026

1003 TURNBULL STREET, NEW SMYRNA BEACH, FL 32168 | SCHOOL: (386) 428-4732

QUESTIONS? ELLIOTT HAGOOD | 386-690-6546 | HEARTOFANANGEL23@GMAIL.COM

WWW.HEARTOFANANGEL.ORG | SHSEAGLES.ORG

THANK YOU FOR SUPPORTING SACRED HEART CATHOLIC SCHOOL!

501(C)(3) NONPROFIT ORGANIZATION | TAX ID: 90-1026344