

PLEASE PRINT LEGIBLY IN INK



# MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

## 27<sup>TH</sup> ANNUAL MCTC SCHOLARSHIP SCRAMBLE REGISTRATION FORM

- I am registering to play in the 27th Annual MCTC Scholarship Scramble. (\$75 participant fee)
- I want to purchase \_\_\_\_\_ raffle tickets. (\$1 each or 6 for \$5)
- I cannot participate but would like to donate \$ \_\_\_\_\_ to the MCTC Scholarship Fund.

### INDIVIDUAL/ GOLFER 1

*Individual golfers will be assigned to a team by the golf committee.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

↓ REGISTER ADDITIONAL GOLFERS IF YOU ARE BRINGING YOUR OWN TEAM ↓

### GOLFER 2

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

### GOLFER 3

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

### GOLFER 4

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

### GOLFER 5

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

### GOLFER 6

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hdcp/avg. score \_\_\_\_\_ City, State Zip \_\_\_\_\_ Email \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Please direct inquiries to Cara Clarke: 606-759-7141 ext. 66176

MCTC does not discriminate on the basis of race, color, sex, national origin, disability or age in its programs or services.

**Make check payable to MCTC Scholarship Fund**

Mail to MCTC Attn: Cara Clarke

1755 US Hwy 68, Maysville, KY 41056