

**“OFFICIAL”  
DEFEAT OF JESSE JAMES DAYS  
SHAMBLE\***

Application, Please print

	GOLFER NAME	HANDICAP	PHONE
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____

**Due to a limit of 18 foursomes call Wayne Eddy 663-0747 to secure your reservation  
and then forward this form with payment as soon as possible to:**

**DJJD Golf Committee  
PO Box 23  
Northfield MN 55057**

\_\_\_\_ Number of Golfers X \$125 = \$\_\_\_\_\_  
\_\_\_\_ Hole Sponsorship X \$125 = \$\_\_\_\_\_ Sponsor Name \_\_\_\_\_

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