



Presented by
COHN REZNICK
ACCOUNTING • TAX • ADVISORY



First Name	Last Name	Email	Address	City	State	Zip Code	Phone Number	Per Birdie Pledge/ Flat Rate Donation	Check #	Credit Card #	Sec. Code	Exp.	Birdies Guess

PLEASE WRITE LEGIBLY

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Contact Name _____

Address _____ City _____ State _____ Zip _____

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ALL CHECKS ARE TO BE MADE OUT TO TRAVELERS CHAMPIONSHIP

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