

Laurel Chamber Golf Tournament

Completed Form and Check Are Due by June 1st

REGISTRATION

Date

Friday, August 8, 2025

Time

Check-in: 8:00am

Shotgun Start: 9:00am

Place

Laurel Golf Course
1020 Golf Course Rd
Laurel MT 59044

Company Name: _____

Email: _____

Phone: _____

Address: _____

City/State/Zip: _____

Team Info -Please provide an email address for each player.

Team Name: _____

Player 1 Name: _____ Handicap: _____

Email: _____

Player 2 Name: _____ Handicap: _____

Email: _____

Player 3 Name: _____ Handicap: _____

Email: _____

Player 4: _____ Handicap: _____

Email: _____

Sponsorships

Check the sponsorship(s) of your choice:

- Title Sponsor **\$2,000 (filled)**
- Lunch Sponsor **\$1,000**
- Cart Sponsor **\$500**
- Prize Sponsor **\$750**
- Tee & Green Sponsor **\$150**

Registration Fees includes: Great day of golf, green and cart fees and lunch

Team fee \$650 _____

I wish to order _____ Mulligans at \$20 each (Limit 2 per player)
of mulligans

Total amount enclosed _____

Waiver of Liability: In consideration of the foregoing, I for myself, my executors, administrators, and assigns do hereby release and discharge any rights and claims for damages incurred before, during, and after the Laurel Chamber Golf Tournament, against the Laurel Chamber of Commerce, Laurel Golf Club, City of Laurel, State of Montana, and their representatives, departments and agencies and/or all others, held on August 8, 2024.

Signature _____

Date _____

Mail form with check to
Laurel Chamber of Commerce
108 E Main St, Laurel, MT 59044.



Questions

Phone: 406-628-8105

Email: director@laurelmontana.org