



Team Registration Form

28th Annual

Family Fitness Center/Meals on Wheels Golf Classic

Friday, June 5, 2026



COST: \$400 per team (\$100 per person).

**Soaring Eagles Golf Course
Horseheads, NY 14845**

**Captain and Crew
Register @ 7:30 am
Shotgun Start @ 8:30 am**

Registration and Payment Deadline is May 22, 2026

Please fill out the registration form completely - all information is needed to determine our prize categories and insure that we can contact you in case we have any questions.

Team Name: _____

Player 1 Name: _____ **Age** _____ Gender _____
 Street Address: _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____

Player 2 Name: _____ **Age** _____ Gender _____
 Street Address: _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____

Player 3 Name: _____ **Age** _____ Gender _____
 Street Address: _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____

Player 4 Name: _____ **Age** _____ Gender _____
 Street Address: _____ City _____ State _____ Zip _____
 Phone: _____ Email: _____

**Mail checks payable to FFC and return form to
Family Fitness Center
425 Pennsylvania Ave, Elmira, NY 14904
Questions?? Contact Sid Whitney at (607) 426-5293 or
Katie Boland at (607) 734-9535**

For Office use Only
Amount Received: _____
Check No: _____
Date: _____