



TOURNAMENT PARTICIPANT SIGNATURE FORM

Tournament Name _____ Date/s _____

Location _____

GUESTS OF MEMBERS

Guest Name	Telephone
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Guest Name	Telephone
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COF MEMBERS

Member Name	Court No.
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Member Name	Court No.
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TOURNAMENT PARTICIPANT SIGNATURE FORM

Tournament Name _____ Date/s _____

Location _____

COF MEMBERS

PLEASE PRINT CLEARLY

Member Name	Court No.
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Member Name	Court No.
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Mail completed forms to: **Catholic Order of Foresters
 Fraternal Department
 355 Shuman Boulevard, PO Box 3012
 Naperville, IL 60566-7012**