



# 1st Annual Mike Sacco GOLF TOURNAMENT for Autism ENTRY FORM

**DATE:** May 21, 2021  
**TIME:** Registration at 7:30 AM. Tee-off at 9:00 AM  
**PLACE:** Shining Rock Golf Club  
91 Clubhouse LN.  
Northbridge, MA. 01534

**ENTRY FEE:** \$125.00 (includes: green fees, cart & dinner)  
Payment due no later than April 30, 2021.  
PayPal [vasacco@icloud.com](mailto:vasacco@icloud.com) or Venmo @vincent-sacco-5  
Checks can be made to Vincent Sacco and mailed to address.  
262 Bailey Woods Rd. Brooklyn, CT 06234

**Format:** Tournament will be played in a four-person scramble format.  
If you do not enter a team list, you will be placed with others.

**Procedure:** This will be a description of how the chosen format is played.  
(Include: rules, scoring, etc.)

**Handicap:** Please submit your approx. score for 18-holes  
(to ensure teams are evenly matched)

### Cancelation Policy:

1. If the golf tournament is canceled due to weather or **other events**, player will receive a full refund or can choose to donate to Autism.
2. If foursome cancels, 3-week notice is required to receive 50% of entry fee.
3. If a player is a no-show, entry fee is non-refundable or can talk to their team captain and get refund from your team only.

### 2021 Golf Committee

Vincent "Tony" Sacco

### CONTACT:

Vincent Sacco  
508-361-5513  
[vasacco@icloud.com](mailto:vasacco@icloud.com)

### \* Mailing Address

262 Bailey Woods Rd  
Brooklyn, CT. 06234

\* Send Entry Forms &  
payment to this address

### ENTRY FORM:

Team Captain: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCORE FOR 18-HOLES: \_\_\_\_\_

**Each Player will receive a gift at time of registration on day of tournament.**

### Team Members:

Player 2 Name, email, and phone: \_\_\_\_\_

Player 3 Name, email, and phone: \_\_\_\_\_

Player 4 Name, email, and phone: \_\_\_\_\_

\* Please have each team member fill out an entry form.