

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: (_____) _____ - _____

Age: _____ **Handicap:** _____

Partner Name: _____

Return Entry Fee to:

Dee & Ro, LLC

PO Box 1536

Owings Mills, MD 21117

Make Checks Payable to: DEEANDRO, LLC

Credit Card Info:

Check One: **Master Card** **Visa** **Discover**

Card Number: _____

Billing Address if Different from above:

Expiration Date: (MM/YYYY) _____

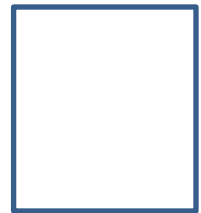
3 digit code on back of card: _____

25% of proceeds donated to Local Baltimore Youth Charities

Dee & Ro, LLC

PO Box 1536

Owings Mills, MD 21117



www.dreamsdoexist.com