

# WMNLA 18th Annual GOLF OUTING REGISTRATION FORM

Company : \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email \_\_\_\_\_ Fax: \_\_\_\_\_

Dinner Sponsor @ \$350 \_\_\_\_\_

Lunch Sponsor @ \$250 \_\_\_\_\_

Hole Sponsor @ \$75 \_\_\_\_\_

## Golfers \$75 per player

Player #1 \_\_\_\_\_ \$ \_\_\_\_\_

Player #2 \_\_\_\_\_ \$ \_\_\_\_\_

Player #3 \_\_\_\_\_ \$ \_\_\_\_\_

Player #4 \_\_\_\_\_ \$ \_\_\_\_\_

Dinner only @ \$25 \_\_\_\_\_

Total \_\_\_\_\_

## Payment Information

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Amount Please make out to WMNLA

\_\_\_\_\_ Please Bill

\_\_\_\_\_ Visa/MasterCard (will pay at golf outing)

***Please send checks to WMNLA, PO Box 96, West Olive, MI 49460***

