

WMNLA 19th Annual GOLF OUTING REGISTRATION FORM

Company : _____

Company Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email _____ Fax: _____

Dinner Sponsor @ \$350 _____

Snack Sponsor @\$100 _____

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

