



2024 Golf Classic Registration Form

Return no later than July 17, 2024

Mail to: Saint Therese Foundation • 1660 S. Hwy 100, Ste. 103 • St. Louis Park, MN 55416

Player Registration

Name: _____ Organization: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

\$195 per golfer (increases to \$225 after 7/1/24)

I/we want to be assigned to a team.

\$175 per golfer (resident & family rate)

We'll play as a foursome.

Player Information

#1 Name: _____ Email: _____

#2 Name: _____ Email: _____

#3 Name: _____ Email: _____

#4 Name: _____ Email: _____

Sponsorship Registration

Premier level: \$15,000 Gold level: \$10,000 Silver level: \$5,000 Bronze level: \$3,500

Team: \$2,500 Pair: \$1,250 Hole: \$1,000

I want to be recognized for my sponsorship as: _____

Honor/memorial sign: \$100

IF YES: In honor of: _____ In memory of: _____

Total amount enclosed: \$ _____

\$160 PER GOLFER IS NOT TAX-DEDUCTIBLE. SPONSORSHIPS' VARYING FAIR MARKET VALUES ARE LISTED ON YOUR RECEIPT.

Payment Information

Check payable to the **Saint Therese Foundation** enclosed

Charge my credit card*: Visa Mastercard American Express Discover

*FOR A MORE SECURE TRANSACTION, CONTACT US AT 952.283.2212

Credit card number: _____ Billing zip: _____ CVV: _____

Signature of cardholder: _____



Saint Therese
FOUNDATION