

2019 Golf Classic Registration Form

Return by June 10th
Mail to: Saint Therese Foundation | 1660 S. Hwy 100, Ste. 103 | St. Louis Park, MN 55416

Player Registration			
Name:	Organization:		
		City, State, Zip:	
	Phone:		
O \$165 per golfer (incr O \$150 family & friend discounted rate. Increases to \$	3 rate (Sant Therese	27 th) cenant or resident family or friend	
O I/we would like to be as	ssigned to a team.	O We will play as a foursome.	
Player Information			
#1 Name:	Email:		
#2 Name:	Email:		
#3 Name:	Email:		
#4 Name:	Email:		
Sponsorship Registration			
O Gold Sponsor \$1,100 OR		600 e sponsor sign and in the event program:	
O Tee Box Sponsorship (\$350 O Honor/Memorial Sign (\$50) O Honor O Memory)		
		Name for sign	
Total Amount Enclosed \$_ (\$100 per golfer is NOT tax-deductible) your receipt.)	ole. Other sponsorships hav	re varying fair market values which will be stated o	
	rcle one) Visa Mast	enclosed ercard American Express Discover line at sainttherese.org/golf-classic	
Credit Card #:			
Billing Zip: Signat	ture:		

