

REGISTRATION FORM



CAPERS GOLF OPEN

Please indicate the option(s) in which you are participating:

- Athlete Sponsor.....\$1,000
- Ace Sponsor.....\$500
- Eagle Sponsor.....\$250
- Birdie Sponsor.....\$100

- Golf..... \$200*
- Foursome...\$800*

*Fees will be \$215 & \$860 if payment received after April 29th.

Sponsorship name: (as you wish it to appear in the program)

Name _____

Address _____

City,State,Zip _____

Phone () _____ Fax () _____

E-mail _____

To Register on-line, please go to

<http://www.specialolympicswisconsin.org/capers/golf.asp>

I would like to donate the following auction item(s)

Check Enclosed

Mastercard & Visa accepted

Mastercard Visa

Amount \$ _____ Card # _____ Exp. Date _____

Credit Card Signature _____

Credit Card Billing Address, city, state and zip (required in order to process charge)

Make checks payable to **Corporate Capers** and mail to:

Scott Kramer
for Special Olympics
770 Parkmoor Drive • Brookfield, WI 53005

Questions? E-mail Scott at
scott.kramer@milwaukeeetool.com



Special Olympics
Wisconsin

CAPERS GOLF OUTING



CAPERS 2017

PLAY. COMPETE. SUPPORT
BENEFITING SPECIAL OLYMPICS

PLAYER NAMES

Captain's Name

Company

Address

City, State, Zip

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Phone

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Fax

Email

Name

Company

Address

City, State, Zip

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Phone

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Fax

Email

Name

Company

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City, State, Zip

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Name

Company

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City, State, Zip

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Phone

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Fax

Email