

SPECIAL OLYMPICS WISCONSIN GOLF CLASSIC

REGISTRATION FORM

Single Golfer \$250

Foursome \$1,000

Dinner Only \$100

Contact Name: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Check Enclosed - Amount \$ _____

Registration can also be completed online: <http://www.specialolympicswisconsin.org/events/sowi-golf-outing/>

Please make checks payable to Special Olympics Wisconsin and mail to:

Special Olympics WI - Golf Outing 10224 N. Port Washington Rd. Mequon, WI 53092.

If you are not registering online and would like to pay by credit card, please call the Special Olympics office at 262.241.7786

Foursome Group Name: _____

Captain's Name: _____

Email: _____

Golfer #2 Name: _____

Email: _____

Golfer #3 Name: _____

Email: _____

Golfer #4 Name: _____

Email: _____

