

Annual Autumn Golf Classic Registration Form

2019 WALA Golf Classic, September 25, 2019 – University Ridge Golf Course

Contact Person _____
 Company _____ Title _____
 Address _____
 City, State, Zip _____
 E-mail _____ Phone _____

Golfers

Golfer #1 Name (if same as contact, indicate here) _____
 Company _____ Title _____
 Address _____
 E-mail _____ Phone _____

Golfer #2 Name (if same as contact, indicate here) _____
 Company _____ Title _____
 Address _____
 E-mail _____ Phone _____

Golfer #3 Name (if same as contact, indicate here) _____
 Company _____ Title _____
 Address _____
 E-mail _____ Phone _____

Golfer #4 Name (if same as contact, indicate here) _____
 Company _____ Title _____
 Address _____
 E-mail _____ Phone _____

Total number of golfers (from above) **Early Bird Discount ends July 15th**: _____ x \$145 = _____
 Pre-purchase raffle tickets (available in a bundle of 5 for \$10)... \$10 x Quantity: _____ Total = _____
 Pre-purchase event beverage tickets.....\$5 x Quantity: _____ Total = _____
 Total amount above plus Sponsorship commitment (from other form).....= _____

Method of Payment

Check MasterCard Discover American Express Visa
 Card Number _____ Expiration date _____
 Cardholder's Name _____ CVV _____
 Cardholder's Signature _____

Please send form & payment to: WALA, P.O. Box 7730, Madison, WI 53707-7730 Phone: (608) 288-0246 Fax: (608) 288-0734

For Office Use Only

Date Registration Received _____ Date Payment Received _____
 Name on Check/Card _____
 Type of Payment/Check # _____ Amount Received _____ Date Entered QB _____ Date Entered YM _____