

Golf and Lunch Registration Card

Name (Team Captain): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail Address: _____

Names of additional golfers in foursome (if applicable):

Golfer 2: _____

Golfer 3: _____

Golfer 4: _____

Golf and Lunch

_____ Golf and lunch entries at \$100 each =\$ _____

Lunch tickets only:

Please send me _____ adult lunch tickets at \$15 each = \$ _____

Please send me _____ children's lunch tickets at \$10 each = \$ _____

**Children 5 and under are free.*

*I am unable to attend, but please accept my donation of \$ _____
(enclosed envelope provided for your convenience)*

TOTAL ENCLOSED = \$ _____

Make checks payable to **Andy's Chapter of Hope**

Payment can also be made with VISA, MASTERCARD OR AMERICAN EXPRESS:

Name on card: _____

Credit Card Number: _____

Card Type: _____ Expiration Date: _____ Security Code: _____

Amount to be charged: \$ _____

All entries must be received by Monday, July 5, 2010

**Mail to:
Molly Isbell
Leukemia Research Foundation
3520 Lake Avenue. Suite 202
Wilmette, IL 60091**

Additional Golfers - Registration

Golfer 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail Address: _____

Golfer 3: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail Address: _____

Golfer 4: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail Address: _____

REGISTER ONLINE AND SAVE!!!

Register online by May 31 and save
\$10 per golfer and \$40 per foursome

www.leukemia-hope.org

