

4th Annual



Golfer Form

Contact Name Email

Organization (If applicable) Contact Phone

Address City State Zip

- | | |
|--|---|
| <input type="checkbox"/> Foursome \$560 | <input type="checkbox"/> Individual \$150 |
| <input type="checkbox"/> Sponsored Foursome \$700 | <input type="checkbox"/> Dinner Only \$35 |
| <input type="checkbox"/> Sponsored Foursome W/Hole Sponsor \$850 | |

Golfer Information

Golfer 1 Email

Golfer 2 Email

Golfer 3 Email

Golfer 4 Email

Payment Method

Check Enclosed | Checks should be made payable to the Autism Society of Greater Wisconsin

Visa Mastercard

Card Number Security Code Exp Date

Billing Address State Zip

Name on Card Signature Date

Return forms to:
Autism Society of Greater Wisconsin
1477 Kenwood Dr., Menasha WI 54952
or kcooper@autismgreaterwi.org

