



Golf Play Day

To register, please complete and return this form along with your check made payable to: **Rockford Lutheran School (Memo Line: Golf Team Play Day)**

Mail to: Rockford Lutheran School
3411 N. Alpine Road
Rockford, IL 61114

Golfer #1 _____
Address _____
Phone _____ Email _____

Golfer #2 _____
Address _____
Phone _____ Email _____

Golfer #3 _____
Address _____
Phone _____ Email _____

Golfer #4 _____
Address _____
Phone _____ Email _____

Enclosed is payment for the following:

_____ **Golfers @ \$90.00 each** \$ _____

Hole Sponsor \$200.00 (sign at tee box) \$ _____

General Sponsor \$500 (includes free Foursome) \$ _____

I cannot participate, but I would like to make a **donation**
to Rockford Lutheran School in the amount of \$ _____

Total Enclosed \$ _____

Thank You!