2020

CALVARY CATHOLIC CEMETERY & MAUSOLEUM MEMORIAL GOLF TOURNAMENT



Foursome Registration \$600, \$150pp

Registration fee inc	tuded in top 2 sponsorship tevets — includes green lees, goti cart, tunch, dinner & pin prizes
Team Name	Company Name:
Player 1:	Player 2:
Player 3:	Player 4:
Address:	City: State: Zip:
Email:	Phone:
For Registration, Ma	iling Address, Payment, Contact Kathi Woody 402-476-8787 or email: Kathi-woody@cdolinc.net
Sponsorship Level:	Memorial Flag Name:
AMOUNT: \$	Credit Card Information: * check one Visa Mastercard AMEX DISCOVER
CC#:	Exp. Date: 3 Digit Security ID#
Name on Card:	
Billing Address:	City State Zip Code
If Paid by check, che	ck # Name on Check;