

Registration Form



Benefiting the mission of SSM DePaul Health Center

Players

- Grand Master _____
- Master _____
- Eagle _____
- Foursome _____
- Individual Player _____
- Hole Sponsor _____
- Dinner (\$75) _____

No cancellations or refunds. No rain date.

Please indicate how your name or company name should appear on signs and in publications:

Name _____

Company _____

Address _____

Phone _____

Email _____

- I regret I cannot attend, but would like to make a tax-deductible contribution to DePaul Foundation in the amount of \$ _____.

Please accept my donation of:

- Auction item _____

Value _____

- Online application and payment
www.ssmdepaulfoundation.org

Please make checks payable to DePaul Foundation. Contributions are tax-deductible as allowed by law.

- MC Visa Discover Amex

Signature _____

Please print name _____

Card # _____ Exp. date _____

Please return registration by August 28

Please submit program ads in a .jpg or .pdf format by August 21



DePaul Health Center Foundation

Attn: Heather Bell

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First player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Second player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Third player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____

Fourth player

Name _____

Company _____

Address _____

City/Zip _____

Phone (____) _____

Email _____