

8th Annual Marc Sargis Memorial

Golfer Registration Form

Please provide the following information and send this form and payment to the address listed below.

-Forms received without proper payment will not be honored-

- Checks and Money Orders ONLY-

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please circle the Number of golfers you wish to register.

Golfers registered together, will be golfing together.

If not registering 4 golfers, 4-somes will be created at random.

1 Golfer
(\$150)

2 Golfers
(\$300)

3 Golfers
(\$450)

4 Golfers
(\$600)

Please provide the golfer(s) names:

Golfer 1: _____

Golfer 2: _____

Golfer 3: _____

Golfer 4: _____

Total: \$ _____

Please Make Checks Payable To:

Marc Sargis Memorial Fund

Send completed form and payment to:

Marc Sargis Memorial Fund
c/o Ray sargis
1633 Courtland Ave
Park Ridge, IL 60068

No Golfer Registered Until payment is received

ALL PAYMENTS MUST BE RECEIVED BY MAY 15th 2010

Thank You.