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**GOLF CLASSIC - 2010**

*A benefit for people with disabilities*

**2010 TEAM REGISTRATION FORM**

**Team Name:** \_\_\_\_\_  
Captain Golfer #1 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #2 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #3 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #4 \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_



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## GOLF CLASSIC - 2010

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**Registration Deadline: Friday, July 12, 2010**

Registration should be sent as soon as possible to reserve your spot in this great event!

### PAYMENT INFORMATION

- Please invoice me \$600 for my team – **18-hole course**.
- Please invoice me \$400 for my team – **9-hole course**.
- Enclosed is my Check & Registration \$ \_\_\_\_\_

*(Payment needs to be received prior to Friday, July 12<sup>th</sup>)*

All checks should be made payable to **DAKOTABILITIES**

Please charge to Visa/MC Acct# \_\_\_\_\_

Exp Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Send all payments and registration forms to:**

John French – Director of Development

**DAKOTABILITIES**

3600 S. Duluth Ave.

Sioux Falls, SD 57105

Or Fax to: 334-7976

<mailto:jpfrench@midconetwork.com>