

TEAM INFORMATION

Golfer 1

Name _____

Phone number _____

Golfer 2

Name _____

Phone Number _____

Golfer 3

Name _____

Phone Number _____

Golfer 4

Name _____

Phone Number _____

Golf Fees _____ X \$55 = _____
Golfer's Coupon Book _____ x \$20 = _____
Total Enclosed \$ _____

Mail to: Seton Catholic's Cardinal Classic
c/o Mary Leverton
801 W. Main St., Richmond, IN 47374
Make checks payable to Seton Catholic Athletic Boosters

SPONSOR INFORMATION

Company: _____

Sponsorship/Amount: _____

Contact: _____

Address: _____

Phone: _____

Email Address: _____

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