



Join us Tuesday, Sept. 9<sup>th</sup>, 2008 at Hawk Hollow and Eagle Eye  
10:00 a.m. Shotgun start on both courses

**Registrant Information**

Company Name: \_\_\_\_\_  
(Print name as it should be recognized in program and signage)

Mailing Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

Method of payment:	Check	Visa	MasterCard	Discover	
Credit Card #				Signature	_____
				Exp. Date	_____
<i>Make checks payable to Diocese of Lansing</i>					

**Please Assign Me to a Team:** Name of Golfer \_\_\_\_\_

**I Am Registering with a Foursome -- R n g c u g " n k u v " c n n " i q n h g t u ø " p c o g**  
 GOLFERS DINNER GUESTS (No Charge)


**Preferred Course -- Accommodated on a first-come, first-serve basis and will be confirmed by mail.**  
Hawk Hollow
Eagle Eye

**Please return this form with payment to  
 Please mail this form to Development Office  
 Diocese of Lansing  
 300 W. Ottawa Street  
 Lansing, MI 48933-1577  
 or FAX to ATTN: Development (517) 342-2519**

**THANK YOU FOR YOUR GENEROUS SUPPORT!**

All proceeds benefit Seminarian Education for the Diocese of Lansing.