



# Golf Outing Registration Form

Saturday September 12<sup>th</sup>, 1:30pm @ Two Rivers Golf Club

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Golfers Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Golf Foursome for \$300 Qty \_\_\_\_\_ Total \$ \_\_\_\_\_

Individual Golfer for \$75 Qty \_\_\_\_\_ Total \$ \_\_\_\_\_

I cannot attend, but please accept my donation of...  \$ \_\_\_\_\_  Donation Enclosed.

Select Payment Method  Check OR Charge my  VISA or  MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please Return With Payment To:** SYHA  
Attn Golf Outing  
PO Box 5401  
Sioux City, IA 51102

*Thank You!! We appreciate your support.*