



12th Annual
Charity Golf
Scramble
June 17, 2017



Registration Form

Please arrange your own foursome.
Send one payment of **\$300.00** to:

Links 4 Lupus
P.O. Box 2882
Oshkosh, WI 54903

Payment must accompany entry form.

Outing is limited to first 40 foursomes.

Registration Deadline: June 3rd

Team Captain

Player # 2

Name: _____
Address: _____

Phone: _____
E-mail: _____
T-shirt size: S M L XL XXL

S M L XL XXL

Player # 3

Player # 4

Name: _____
Address: _____

Phone: _____
E-mail: _____
T-shirt size: S M L XL XXL

S M L XL XXL

Not a golfer?

Join us for dinner and a great time!

\$20.00 per person

Names: _____
Address: _____
Phone: _____ E-mail: _____
T-shirt sizes: ____S ____M ____L ____XL ____XXL

Unable to attend?

Please consider a cash donation.

Amount \$ _____

Name: _____
Address: _____
Phone: _____ E-mail: _____