



# 17<sup>th</sup> Annual Dan McLaughlin Golf Tournament to Benefit Special Education Foundation

October 14, 2019 – Norwood Hills Country Club

## Registration and Entry Form

Foursome:	\$1,500	\$ _____	<b>I'D LIKE TO PAY VIA:</b> <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHECK <input type="checkbox"/> BILL ME  CARD NUMBER _____ NAME ON CARD _____ EXP. DATE _____ CVC _____ ZIPCODE _____ SIGNATURE _____
Individual Golfer:	No. Attending ____ x \$375	\$ _____	
Dinner Only:	No. Attending ____ x \$80	\$ _____	
50:50 Skins Game:	\$50/team	\$ _____	
Mulligans (4/team max):	No. ____ x \$25	\$ _____	
<b>TOTAL \$ _____</b>			

Name \_\_\_\_\_ Business \_\_\_\_\_  
 Billing / Cardholder Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Email \_\_\_\_\_  
 I / We Will Attend The Dinner Name of Guest for Dinner \_\_\_\_\_

### Contact Information for Others in Your Foursome (Required)

Name \_\_\_\_\_ Email \_\_\_\_\_  
 I / We Will Attend The Dinner Name of Guest for Dinner \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 I / We Will Attend The Dinner Name of Guest for Dinner \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 I / We Will Attend The Dinner Name of Guest for Dinner \_\_\_\_\_

I'm unable to attend this year's tournament. Please accept my tax-deductible contribution in the amount of \$ \_\_\_\_\_.  Contact me about matching gifts by my employer.

Please mail this completed form to:  
**Special Education Foundation**  
 11933 Westline Industrial Dr.  
 St. Louis, MO 63146

Or register online at:  
[sef-stl.org/events/golf](http://sef-stl.org/events/golf)

Make check payable to Special Education Foundation.

Single players will be assigned to a foursome. If you have any questions, please call 314-394-7030.

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