

Corporate Registration

Company Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Session AM PM

Division Women Co-ed Open

Senior Men (60+) Senior Women (60+)

Names:

- **Titanium** 12 players \$10,000
- **Platinum** 10 players \$8,000
- **Gold** 8 players \$5,000
- **Silver** 4 players \$3,000
- **Bronze** 2 players \$1,500

Payment

Check (*payable to Wedgwood Christian Services*)

Visa Mastercard

Amount: _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Security # (*last 3 digits on back of card*): _____

Signature: _____

Date: _____

Please mail to:

Wedgwood Charity Golf Classic
3300 36th St SE, Grand Rapids MI 49512-2810
Call (616) 942-2392 for details.

Individual Registration

Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Session AM PM

Division Women Co-ed Open

Senior Men (60+) Senior Women (60+)

I would like Wedgwood to place me in a team

Foursome Registration

Company Name:

Session AM PM

Division Women Co-ed Open

Senior Men (60+) Senior Women (60+)

Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____

Name: _____

Street: _____

City: _____ State: ____ Zip: _____

Phone: _____

E-mail: _____