



Carlson Community Services



Registration Form

Contact Name: _____

Company Name (if applicable): _____

Email address: _____ Phone: _____

Golfer 1 _____ Golfer 2 _____

Golfer 3 _____ Golfer 4 _____

of Golfers: _____ @ \$125 = Total \$ _____

for Dinner Only: _____ @ \$35 = Total \$ _____

Total Enclosed: \$ _____

Please return form and payment via check as below.

Checks made payable to **“Carlson Community Services”**

Mailed to: Liz Mills

Carlson Community Services

3938 W. Belle Plaine Ave., Chicago, IL 60618

773.398.6766, Lizmills@carlsoncommunityservices.org