



# 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](mailto:Lizmills@carlsoncommunityservices.org)