

Complete this registration form and mail payment to: Lorain Sports Hall of Fame, c/o Golf Outing, P.O. Box 723, Lorain, Ohio 44052

Golfer #1 _____ HDCP _____ Address _____ Telephone _____

Golfer #2 _____ HDCP _____ Address _____ Telephone _____

Golfer #3 _____ HDCP _____ Address _____ Telephone _____

Golfer #4 _____ HDCP _____ Address _____ Telephone _____

Amount Due Per Foursome: \$300.00 / Dinner Only: \$20.00 per person

_____ Yes, Please accept my hole sponsor, \$60.00 Name of Hole Sponsor _____

Please enclose check payable to Lorain Sports Hall of Fame