



ASSOCIATION OF ST. AUGUSTINE ALUMNI – NEW ORLEANS, INC.
P.O. BOX 56504
NEW ORLEANS, LOUISIANA 70156

GOLFER REGISTRATION FORM

\$100 per Golfer / \$400 per foursome

Total Amount Enclosed: \$ _____

(1) Golfer Name: _____ Amount Paid: \$ _____

Address: _____
Street City State Zip

Phone#: _____ Email: _____

(2) Golfer Name: _____ Amount Paid: \$ _____

Address: _____
Street City State Zip

Phone#: _____ Email: _____

(3) Golfer Name: _____ Amount Paid: \$ _____

Address: _____
Street City State Zip

Phone#: _____ Email: _____

(4) Golfer Name: _____ Amount Paid: \$ _____

Address: _____
Street City State Zip

Phone#: _____ Email: _____

Deliver the completed form and payment to St. Augustine's Alumni Office or mail to:

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