

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:\$		
Golfer Name:				Amount Paid: \$	
Address:	Street		Cit.	S4-4-	Zip
	Street		City	State	Zip
Phone#:		_ Email:			
Golfer Name:				Amount Paid: \$	
Address:	St 4		C'4-	St. A.	7.
	Street		City	State	Zip
Phone#:		_ Email:			
Golfer Name:				Amount Paid: \$	
Address:					
	Street		City	State	Zip
Phone#:		_ Email:			
Golfer Name:				Amount Paid: \$	
Address:					
	Street		City	State	Zip
Phone#:		_ Email:			
	Golfer Name: Address: Phone#: Address: Phone#: Address: Address: Address: Address: Address: Address:	Golfer Name: Address: Golfer Name: Address: Street Phone#: Golfer Name: Address: Street Phone#: Address: Street Address: Street	Golfer Name: Address: Street Phone#: Golfer Name: Street Phone#: Golfer Name: Street Phone#: Golfer Name: Address: Street Street Address: Street Street Street Street Street	Golfer Name: Street City Phone#: Email: Golfer Name: Address: Street City Phone#: Email: Golfer Name: Email: Golfer Name: Email: Golfer Name: Address: Street City City	Golfer Name: Amount Paid: \$

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

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