

REGISTRATION

Name: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email Address: _____

Enclosed is a check for \$ _____

I would like to donate an item(s) to the
silent auction and /or door prizes.

Dinner (only \$20/person)

2nd golfer _____

3rd golfer _____

4th golfer _____

Number of golfers staying for dinner _____

Mail registration form and checks to:

Keith and Shirley Nuutinen
Attn: Lee Nuutinen Memorial Golf Classic
9563 – 178th Street
Chippewa Falls, WI 54729
(Please make checks payable to MDA)

*****REGISTRATION DEADLINE*****

MAY 30th, 2009

ADD \$25.00 for late registration

