25TH ANNUAL LINCOLN PARKS FOUNDATION **GOLF TOURNAMENT**

REGISTRATION FORM

Please Check one:	Business Name		
Corporate Sponsor \$600.00	Contact Name Address		
Individual Golfer \$100.00			
	City	State	Zipcode
	Phone	E-mail	
Team Name			Players to be determined
Golfer Name	Go	lfer Name	
Golfer Name		lfer Name	
Individual players: Please note	if you would like to be paired with	n any other particular go	olfer(s).
Individual players: Please note	if you would like to be paired with	n any other particular go	olfer(s).
Individual players: Please note Every effort will be made to pa	if you would like to be paired with	n any other particular go	olfer(s).
Individual players: Please note Every effort will be made to pa No, we can Make check payable	if you would like to be paired with ir you with the names mentioned:	cept our donation of	olfer(s).
Individual players: Please note Every effort will be made to pa No, we can Make check payable Lincoln Parks Founda	if you would like to be paired with ir you with the names mentioned: not participate but please accept to and send entry to:	cept our donation of	f: \$

We love our parks.

402-441-8258