



**SERVANTS OF MARY**

*Ministers to the Sick*

*Province of the U.S.A.*



**2023 Golf Tournament Registration Form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Individual Golfer (\$200) \_\_\_\_ Family Plan (4 golfers) (\$700)

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Priest, Seminarian, Nun (free) \_\_\_\_

Underwriting Sponsor (\$2000) (includes 4 golfers) \_\_\_\_

Corporate Sponsor (\$5000) (includes 4 golfers) \_\_\_\_

Sisters, Servants of Mary Sponsor (\$800) (includes 2 golfers) \_\_\_\_

Beverage Cart Sponsor (\$800) (includes 2 golfers) \_\_\_\_

Hole Sponsor (\$700) (includes 2 golfers' fees) \_\_\_\_

Half Hole Sponsor (\$400) (includes 1 golfer's fees) \_\_\_\_

Heavenly Sponsor (\$200) \_\_\_\_

Unable to attend. Please accept my donation \_\_\_\_\_

\*\*\*\*\* All fees include Golfing Day Package. No additional solicitation will occur at the event\*\*\*\*\*

Please print, complete, and mail the attached registration form and check to:

Judy Walberg  
5329 Larsen Lane  
Shawnee, KS 66203  
913-961-5677

PLEASE MAKE CHECKS PAYABLE TO: "Sisters, Servants of Mary"