

## Megan Cooper Golf and Lunch Registration Card

Name (Team Captain): \_\_\_\_\_

Team Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Names of additional golfers in foursome (if applicable):

Golfer 2: \_\_\_\_\_

Golfer 3: \_\_\_\_\_

Golfer 4: \_\_\_\_\_

Enclosed please find a check made payable to **Andy's Chapter of Hope** in the amount of:

\_\_\_\_\_ \$100 for an individual player, including lunch.

\_\_\_\_\_ \$400 for a foursome, including lunch.

### ***Lunch tickets only:***

Please send me \_\_\_\_\_ adult lunch tickets at \$15 each = \$ \_\_\_\_\_

Please send me \_\_\_\_\_ children's lunch tickets at \$10 each = \$ \_\_\_\_\_

*I am unable to attend, but please accept my donation of: \$ \_\_\_\_\_*

**TOTAL ENCLOSED = \$ \_\_\_\_\_**

Payment can also be made with VISA, MASTERCARD OR AMERICAN EXPRESS:

Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

**All entries must be received by Monday, July 6, 2009**

**Mail to:**  
**Molly Isbell**  
**Leukemia Research Foundation**  
**3520 Lake Avenue, Suite 202**  
**Wilmette, IL 60091**

## Additional Golfers - Registration

Golfer 2: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Golfer 3: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Golfer 4: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**REGISTER ONLINE AND SAVE!!!**

Register online by May 31 and save \$10 per golfer or \$40 per foursome

[www.leukemia-hope.org/mcgolf.html](http://www.leukemia-hope.org/mcgolf.html)