



2020 RIVERSIDE GOLF CLASSIC REGISTRATION

Full Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Please complete the following:

Team Members	Male/Female
1.	M or F
2.	M or F
3.	M or F
4.	M or F

Check the applicable box:

<input type="checkbox"/>	Event Sponsor (includes four participants)	\$1000
<input type="checkbox"/>	Lunch Sponsor (includes four participants)	\$1000
<input type="checkbox"/>	Hole Sponsor (includes four participants)	\$500
<input type="checkbox"/>	Participant	\$100 per person
<input type="checkbox"/>	Unable to attend but would like to contribute to the success of the event with a donation.	\$

THANK YOU!

Riverside Lutheran Bible Camp
3001 Riverside Road
Story City, IA 50248
515-733-5271