



## 2019 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