



GOLDEN VALLEY *Golf Classic*

REGISTRATION FORM

Name		
Company		
Address		
City	State	ZIP
Phone	Fax	
Email		
Your Foursome		
#1	Name (First & Last)	
#2	Name (First & Last)	
#3	Name (First & Last)	
#4	Name (First & Last)	
Payment [\$300 per foursome due July 7]		
<input type="checkbox"/> Check	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Send to: GV Human Services Fund Attn: Jeanne Fackler City of Golden Valley 200 Brookview Parkway Golden Valley, MN 55426	Exp. Date	
	Card #	
	Signature	

- Sorry, I am unable to attend.
Please accept my donation of \$_____ to the Golden Valley Human Services Fund.