

Registration Form



The Andi Foundation
P.O. Box 416 • Perry, Ohio 44081
www.theandifoundation.org



2nd Annual 2009 Charity Golf Classic The Andi Foundation

Complete form and return with payment to above address.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I am interested in: Individual Participation @ \$100.00 Foursome \$400.00

Golfer's Names:

_____ E-Mail* _____

_____ E-Mail* _____

_____ E-Mail* _____

_____ E-Mail* _____

Sub Total Golfers: \$ _____

Sub Total Sponsorship (other side) : \$ _____

Total Sponsorship : \$ _____

*Email required.

Check, Cash, or PayPal @www.theandifoundation.org

Signature _____ Date _____

Thank you for your support!