

GET REGISTERED

Complete the form, print and mail (accompanied by your check or credit card payment) to: The Brian Klinefelter Foundation
720 West St. Germain St., Suite 163, St. Cloud, MN 56301

Team Captain Name: _____

Team Name: _____

Address: _____

Phone: _____

Captain E-mail: _____

TEAM MEMBERS:

Name: _____

E-mail: _____

Name: _____

E-mail: _____

Name: _____

E-mail: _____

** We are unable to process team registrations until entire team payment is received.
Registrations will not be accepted on the day of the event.

- I do not have a team. Please connect me with a team.
- I'd like to purchase _____ dinner-only tickets for \$65 each.
- I'm not able to attend, but please accept my donation of \$ _____

GET INVOLVED:

- I'd love to volunteer for the event.
- I'd like to sponsor a hole.

Total amount enclosed: _____

Check Visa Mastercard

Name on Credit Card: _____

Credit Card Number: _____

_____ Exp. _____

Security Code (required) _____